Public Health England

Protecting and improving the nation's health

Towards a Smokefree Generation: Making it Happen Here

Birmingham
3 November 2017

#SmokefreeGeneration

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Protecting and improving the nation's health

Welcome

Rosanna O'Connor, Director , Alcohol, Drugs and Tobacco, Public Health England

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3 November 2017

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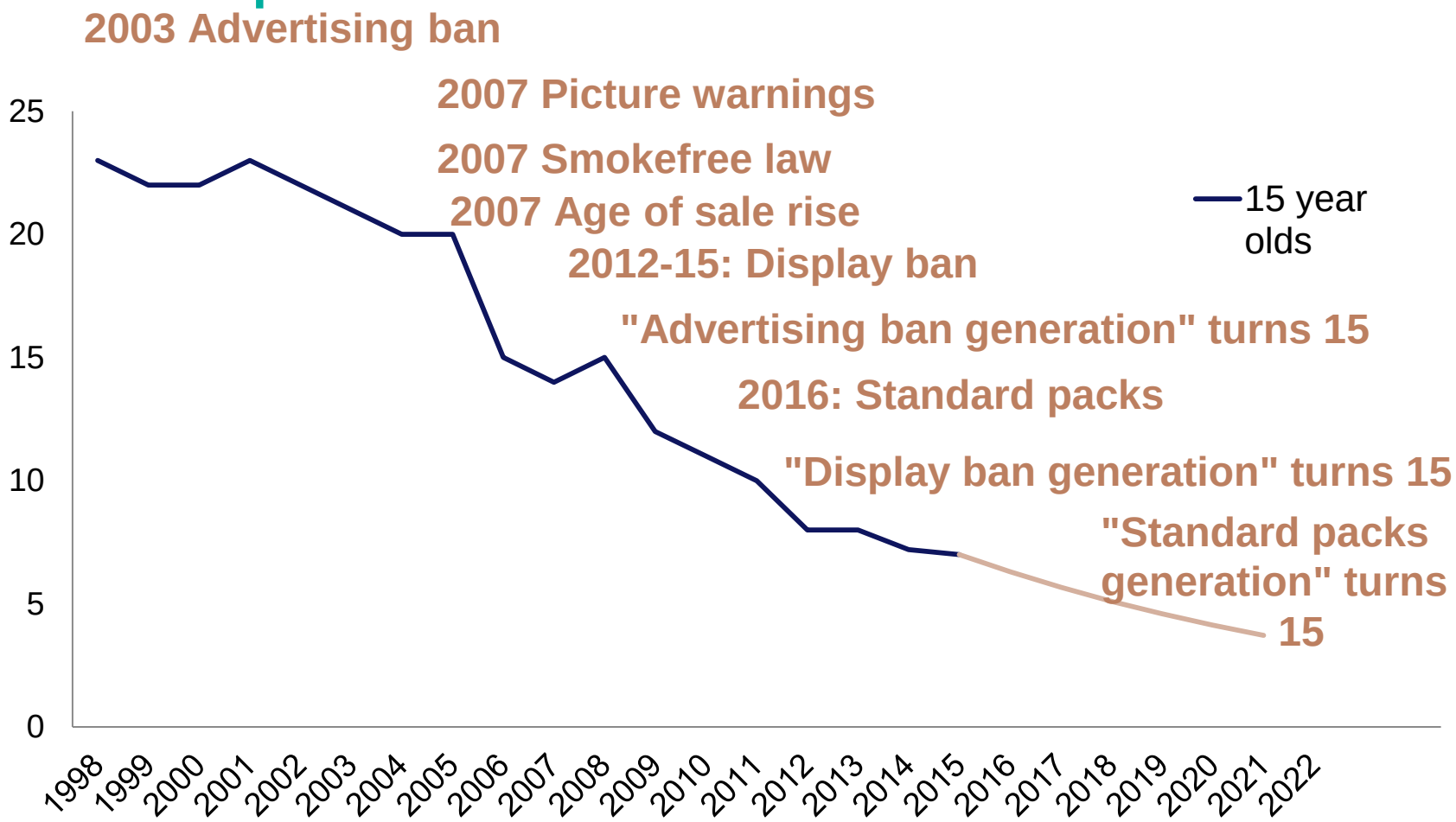
Long term impact – youth smoking prevalence



Public Health England

Aims and objectives

- Understand the full scale of the opportunity to reduce health inequalities, improve health and reduce costs to services
- Learn what really works to help smokers quit
- Find out how best to target the groups most affected by smoking
- Ensure that key players know what they must do to make the government's Tobacco Control Plan vision a reality, which includes a smokefree NHS

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Video presentation: Tobacco Control Plan

Steve Brine MP, Parliamentary Under Secretary of State for Public Health and Primary Care

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The government's ambition for a smokefree generation

Tim Baxter, Deputy Director, Healthy Behaviours, Department of Health

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Department of Health

Towards a smokefree generation: Tobacco Control Plan for England 2017-2022

Where are we?

- The last tobacco control plan ran from 2011-2015
- All the ambitions we set in the previous plan were exceeded
- The Government introduced a significant amount of legislation over the course of the plan including:
    - 2011 Ban on tobacco sales using vending machines
    - 2015 Minimum age of sale of e-cigarettes, proxy-purchasing, ban on smoking in cars containing children
    - 2015 standardised packaging regulations (came into force 2016)
- The latest adult smoking prevalence figures for England are 15.5%, down from 16.9% in 2015
- The new Tobacco Control Plan aims to build on that success

Where are we headed?

The first smokefree generation

People should be supported not to start smoking, so we aim, by the end of 2022 to reduce:

- adult smoking prevalence from **15.5%** to **12%**
- young people smoking prevalence from **8%** to **3%**
- Inequality **gap in smoking prevalence** between those in routine and manual occupations and the general population

A smokefree pregnancy for all

Every child deserves the best start in life, so we aim, by the end of 2022 to:

Reduce the prevalence of smoking in pregnancy from **10.7%** to **6%** or less

Mental health: parity of esteem

People with mental ill health should be given equal priority to those with physical ill health, so we aim to:

- Make all mental health inpatient services sites **smokefree** by 2018
- Improve data collected on smoking and mental health to help us to support people with mental health conditions to quit smoking

Innovations to support quitting

We are committed to evidence-based policy making, so we aim to:

- Help people to quit smoking by permitting **innovative technologies** that minimise the risk of harm
- Maximise the availability of safer alternatives to smoking

How will we get there? Approach:

We have used recognised tobacco control measures:

- **Helping Tobacco Users to Quit:** to reduce smoking prevalence across the population, targeting specific groups
- **Reducing Exposure to Secondhand Smoke:** protecting people from tobacco smoke
- **Effective Communications for Tobacco Control:** warning people about the dangers of tobacco
- **Stopping the Promotion of Tobacco:** bans on tobacco advertising, promotion and sponsorship
- **Effective Regulation of Tobacco Products:** enabling us to monitor their sales and marketing
- **Making Tobacco Less Affordable:** through high taxes and duty rates

How will we get there? Actions:

To achieve our ambitions we have targeted actions around four themes:

Prevention first	Supporting smokers to quit	Eliminating variations in smoking rates	Effective enforcement
• Ensure the effective operation of legislation • Support pregnant smokers to quit • Provide smoking cessation health professionals • assess the use of CO monitoring	• Support mental health patients to quit smoking • Encourage smokers using, visiting and working in the NHS to quit => smokefree NHS • Monitor effectiveness of stop smoking services	• Links to stop smoking services across the health and care system • Implementation of relevant NICE guidelines • Support local councils to help people to quit • Rectify gaps in data on smoking and mental health	• Maintain high duty rates for tobacco products • Ensure that sanctions in current legislation are effective • work on sanctions to stop illicit tobacco

How will we deliver?

Local Delivery

The new plan shifts emphasis from action at the national level to focused, local action, supporting smokers to quit.

Expert Support

PHE in particular will continue to provide their expert support to local authorities, the NHS and others

National Oversight

We will provide support and oversight at the national level, ensuring we deliver on our commitments

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The tobacco epidemic: where are we now and what's next for the future

Professor John Britton, Director, UK Centre for Tobacco and Alcohol Studies

Birmingham
3 November 2017

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The tobacco epidemic: where are we now and what's next for the future

John Britton

UKCTAS
UK Centre for Tobacco & Alcohol Studies

The University of Nottingham

Burden of disease attributable to 20 leading risk factors, UK 2010

Murray, Lancet 2013;381:997-1020

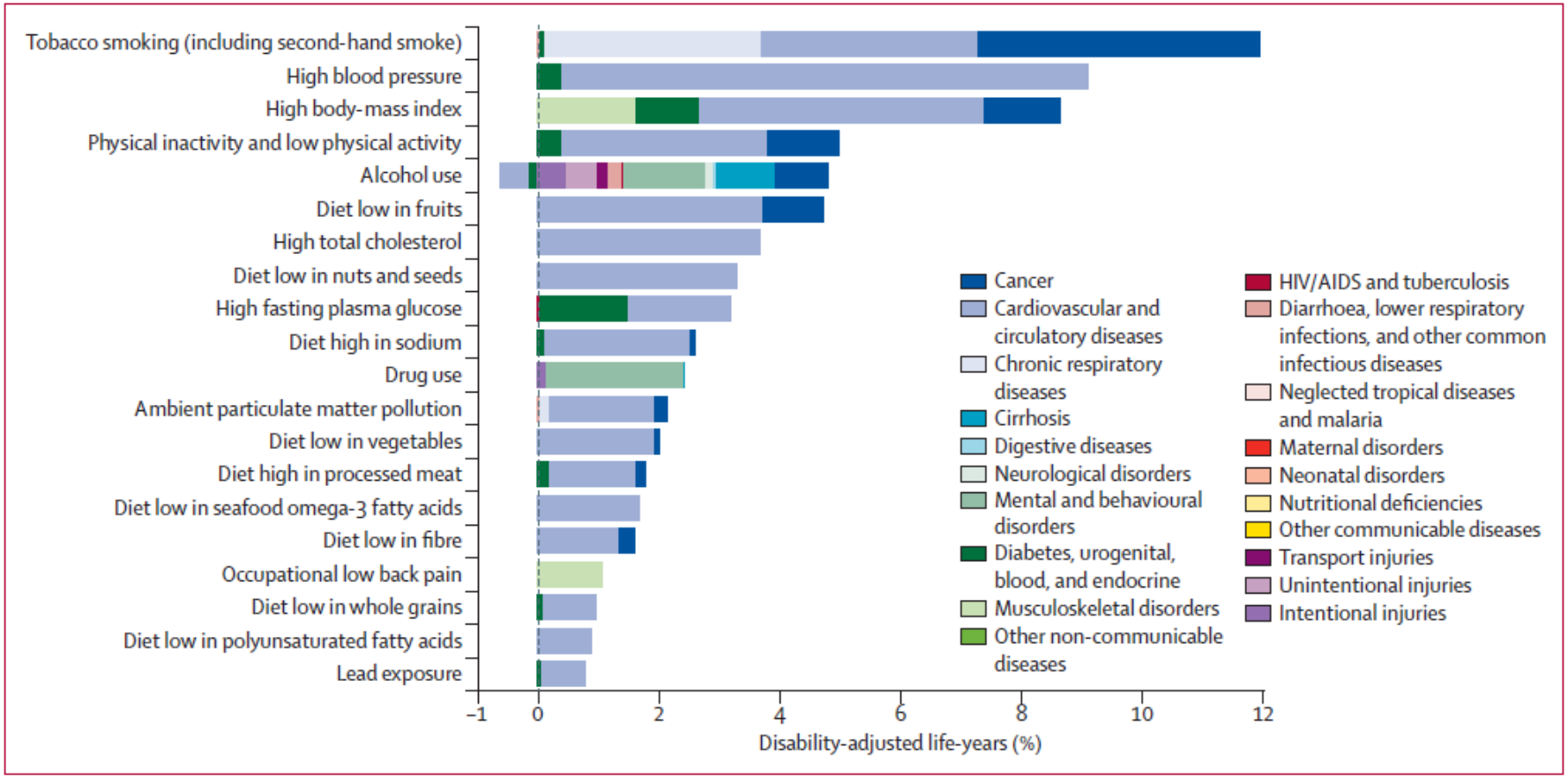


Figure 7: **Burden of disease attributable to 20 leading risk factors for both sexes in 2010, expressed as a percentage of UK disability-adjusted life-years**
The negative percentage for alcohol is the protective effect of mild alcohol use on ischaemic heart disease and diabetes.

Health consequences of smoking in the UK

RCP 2010, ASH 2015, NHS Digital 2017

To adults:

- ~ 100,000 deaths each year, average 10 year loss of life

To the unborn child:

- 5300 fetal/perinatal deaths
- 2,200 premature births; 19,000 low birth weight babies
- Increased risk of developmental anomalies

To children:

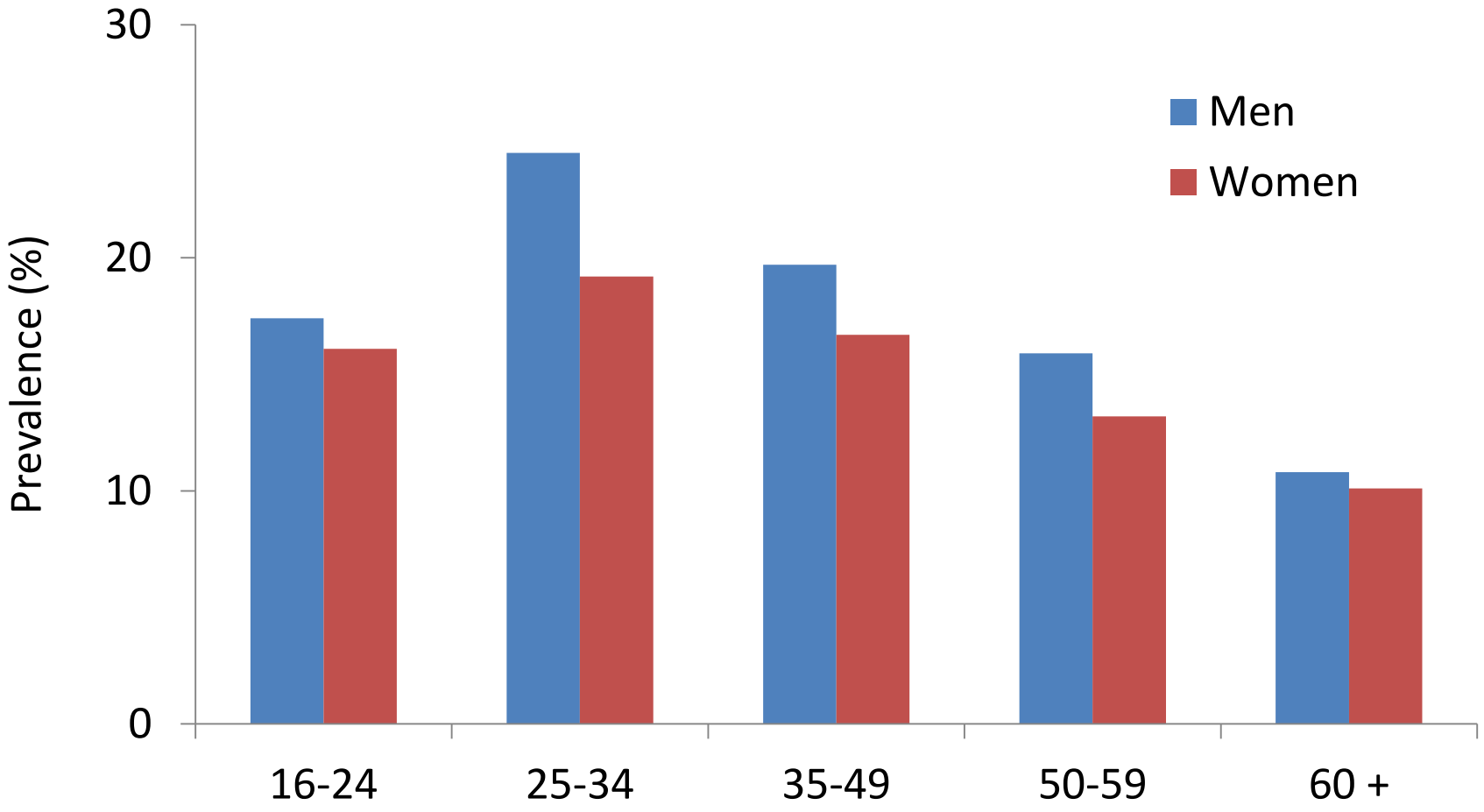
- 40 sudden infant deaths
- 165,000 new cases of asthma, bronchitis, ear disease, meningitis
- Twice as likely to become a smoker if parents smoke

To wider society:

- £3 billion in NHS and social care costs
  - – includes 474,000 admissions, 35% higher GP use
- £10 billion in wider societal costs

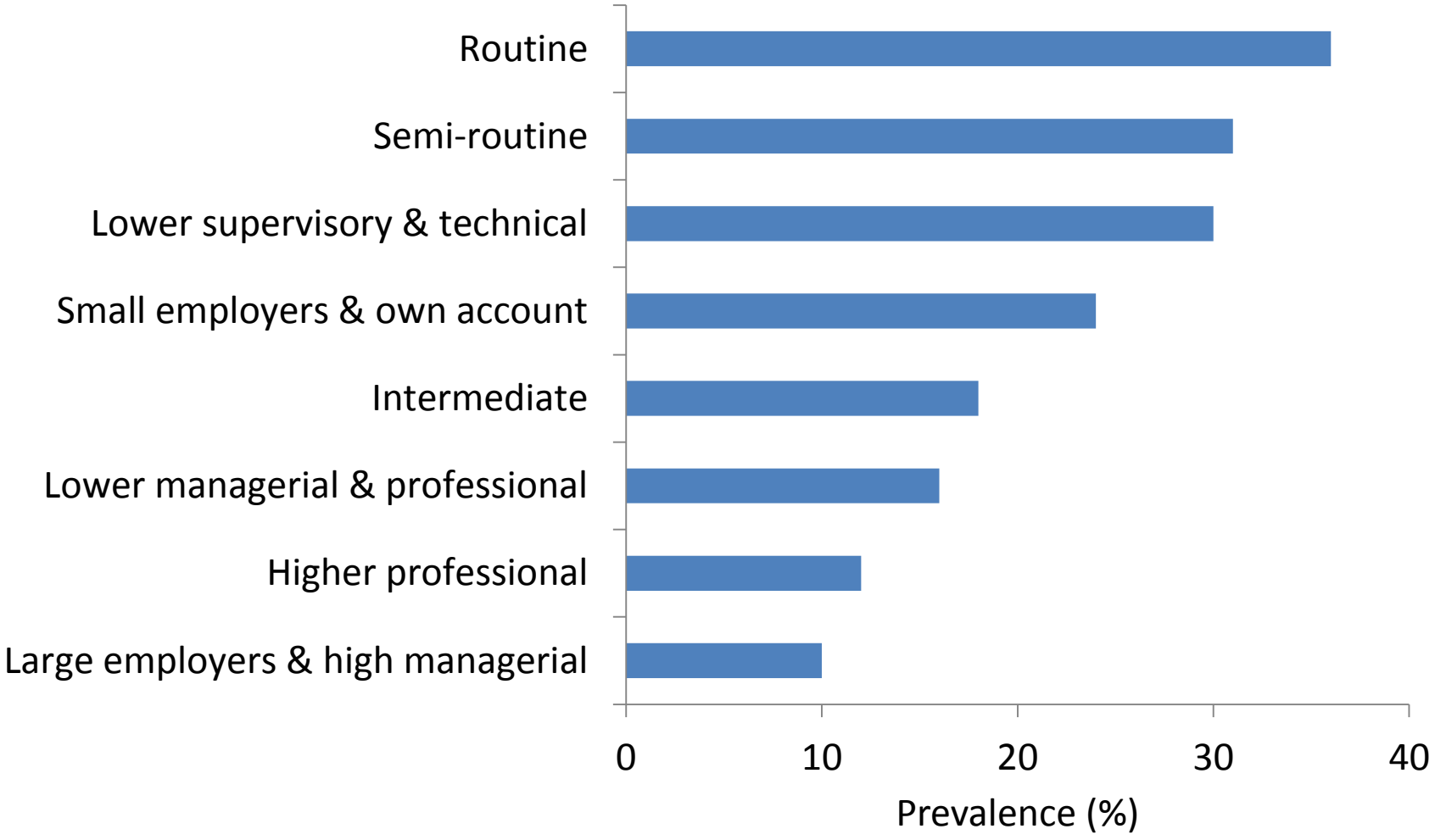
Smoking by age and gender, England 2016

APS 2017



Smoking prevalence and occupation, Britain 2012

IHS 2013

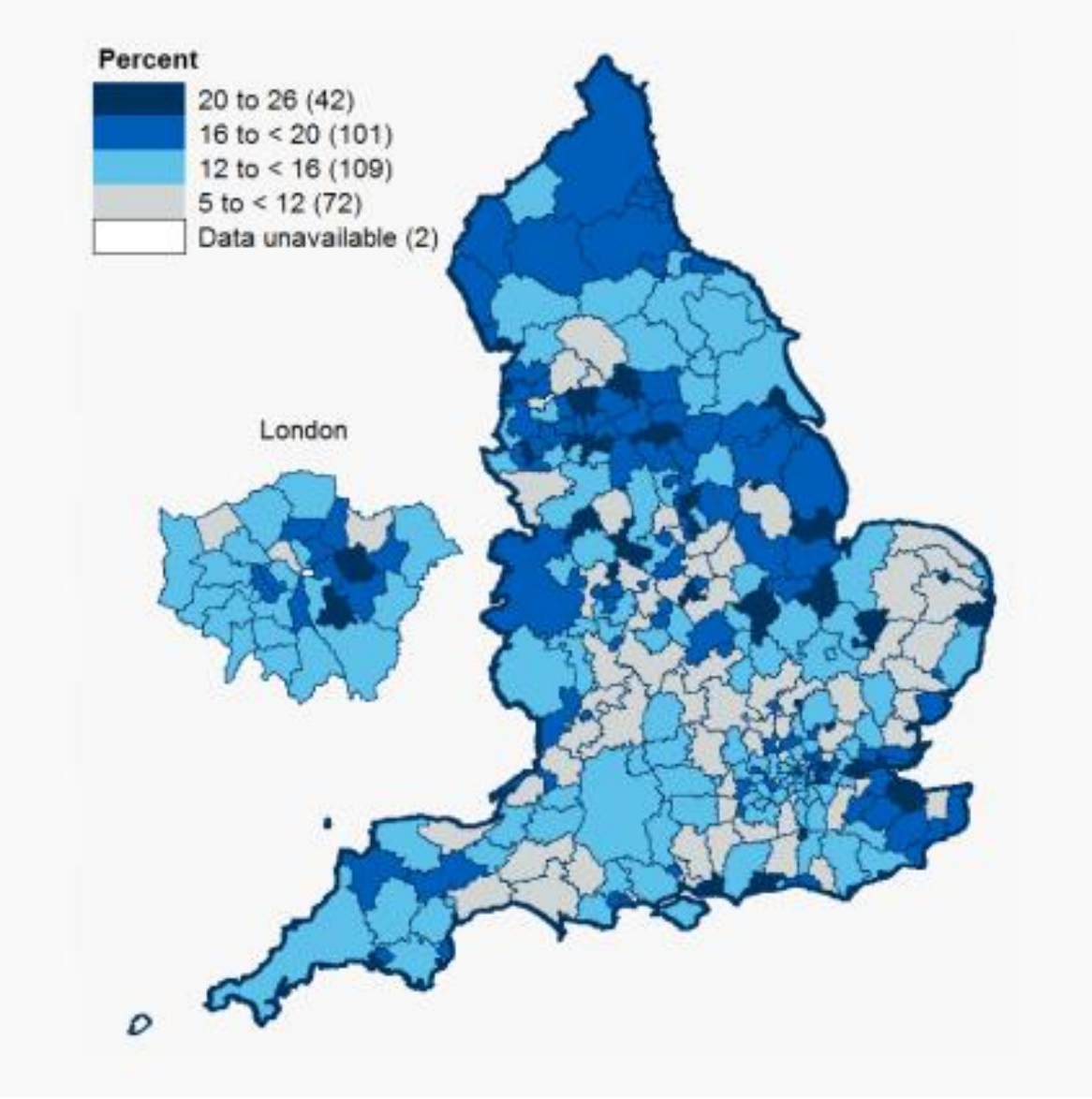



jobcentreplus



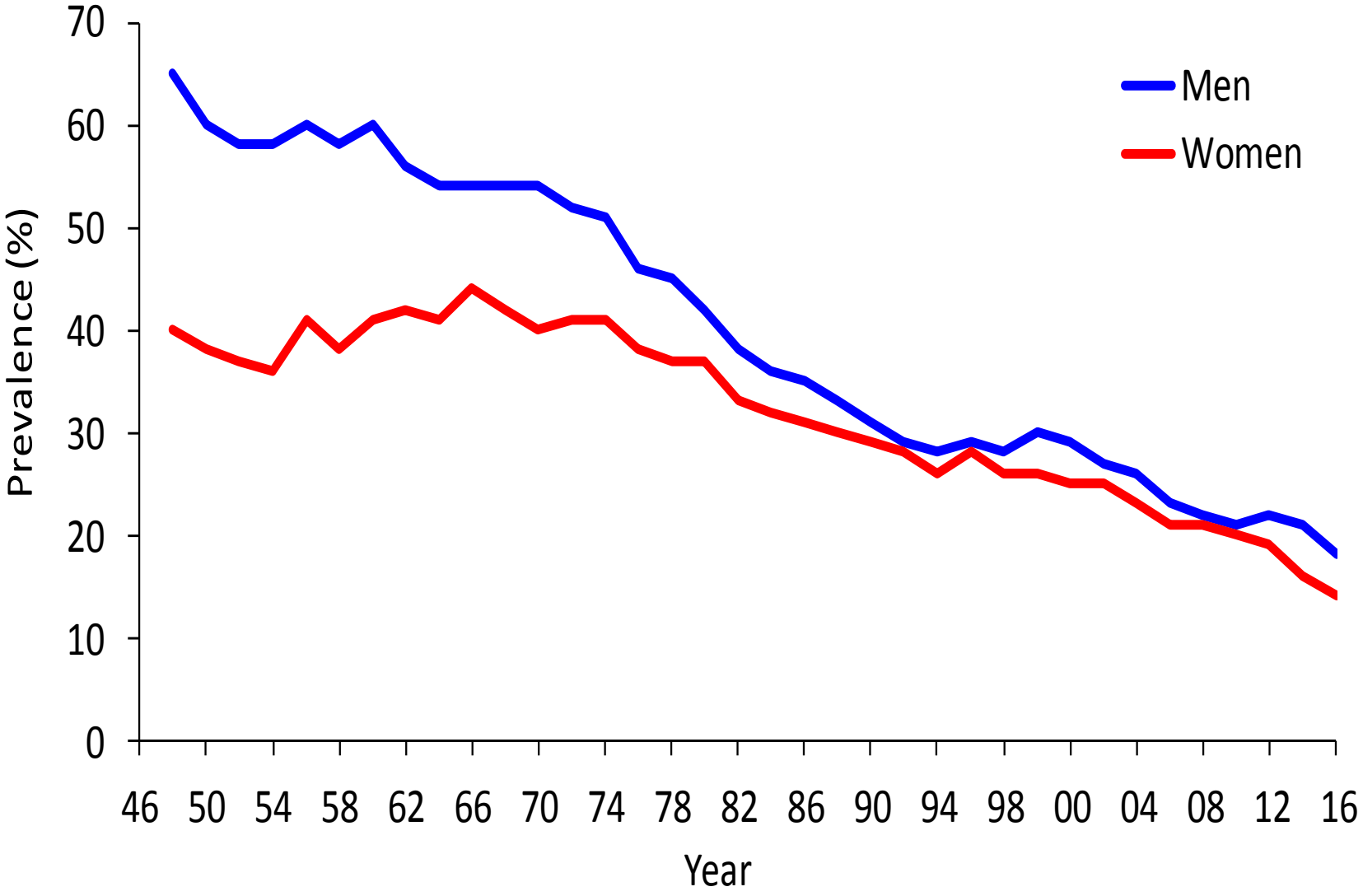
Smoking prevalence by Local Authority, England 2016

Annual Population Survey



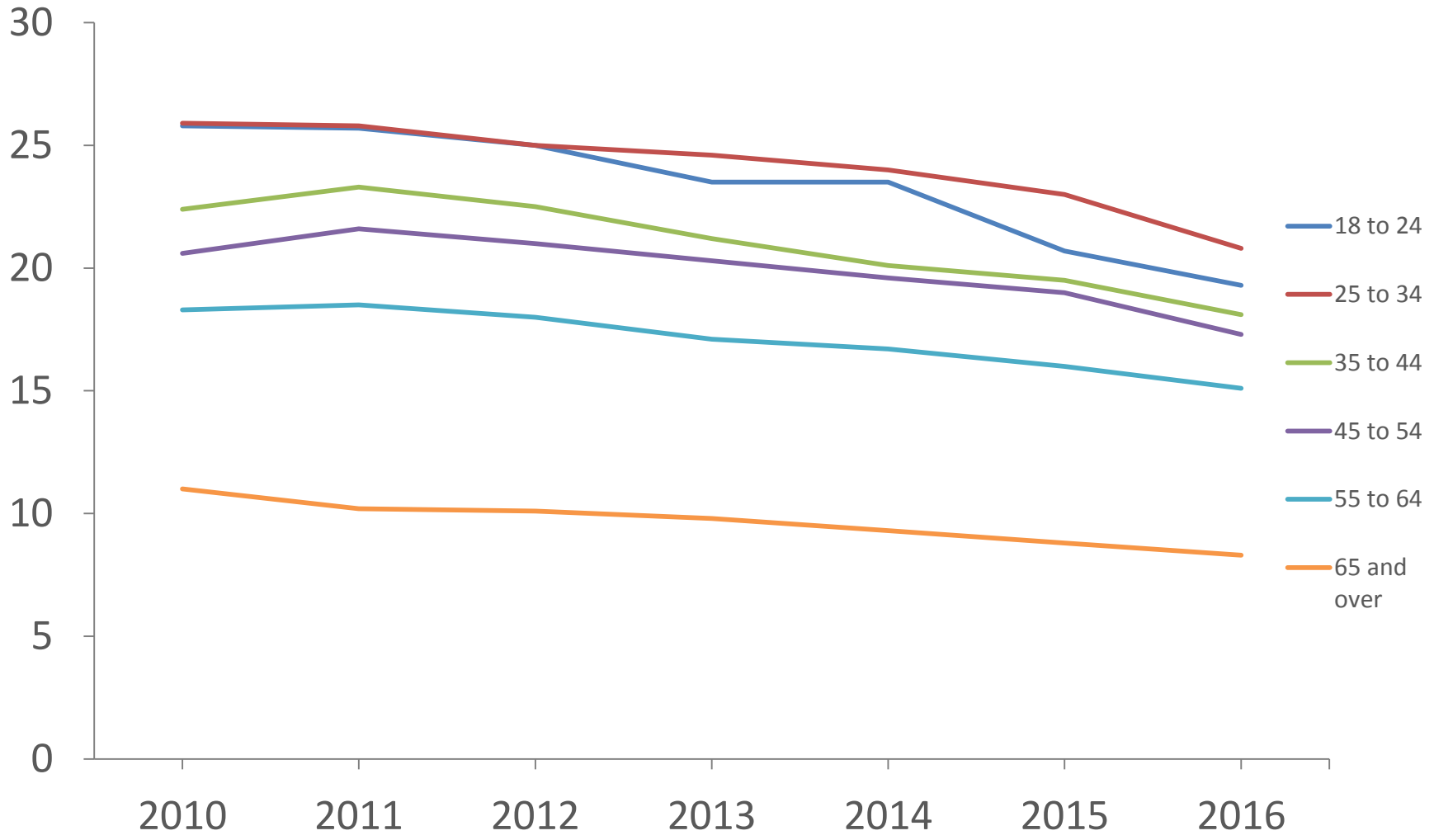
Prevalence of adult cigarette smoking in Britain, 1948–2016

1948-1971 Tobacco Advisory Council; 1972-2016 GHS/GLS/APS



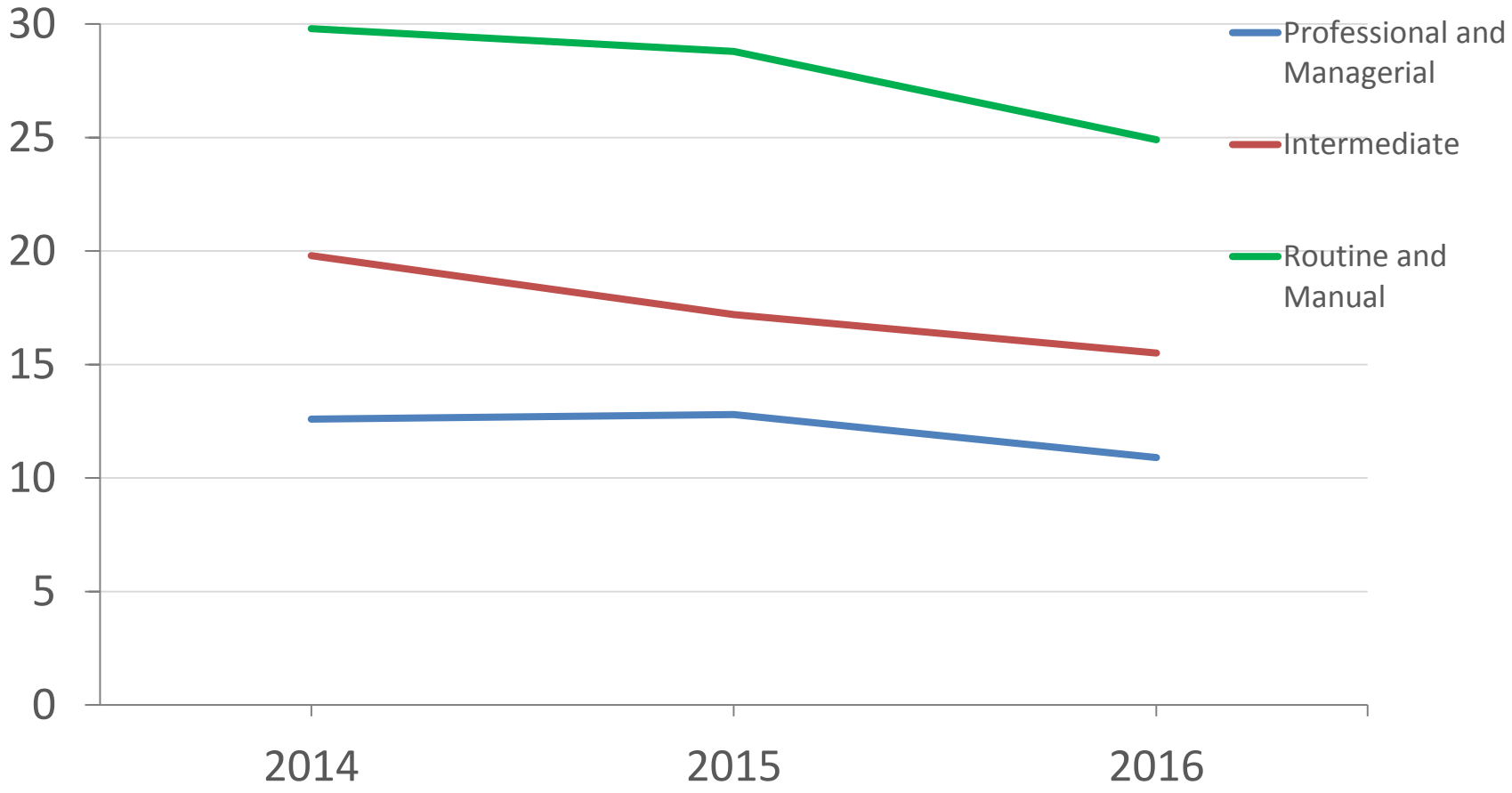
Smoking trends by age, UK

APS 2017



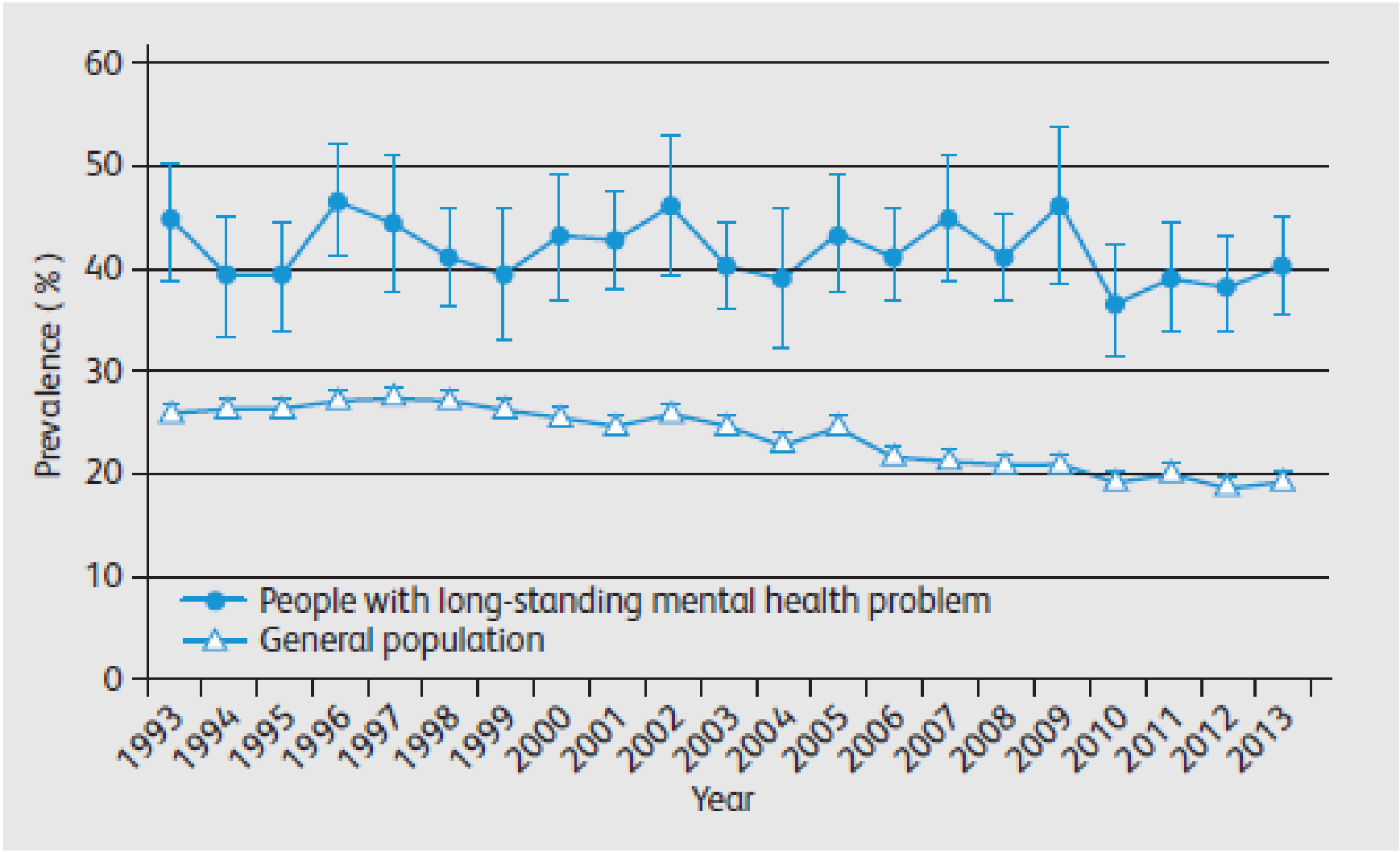
Smoking trends by occupational group, England 2014-17

APS 2017



Smoking and mental disorder

Royal College of Physicians 2016



Prevalence of adult cigarette smoking in Britain, 1948–2016

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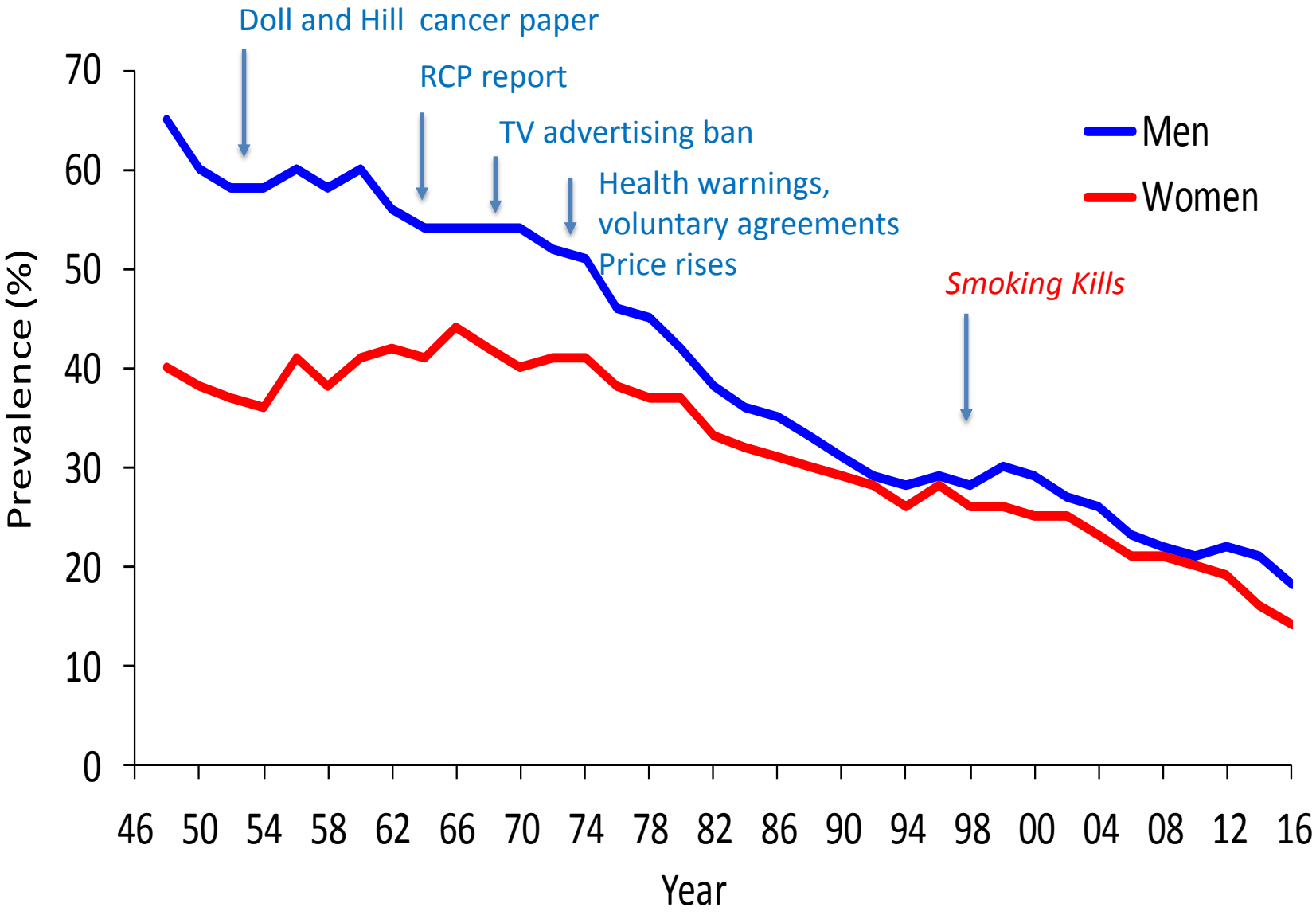
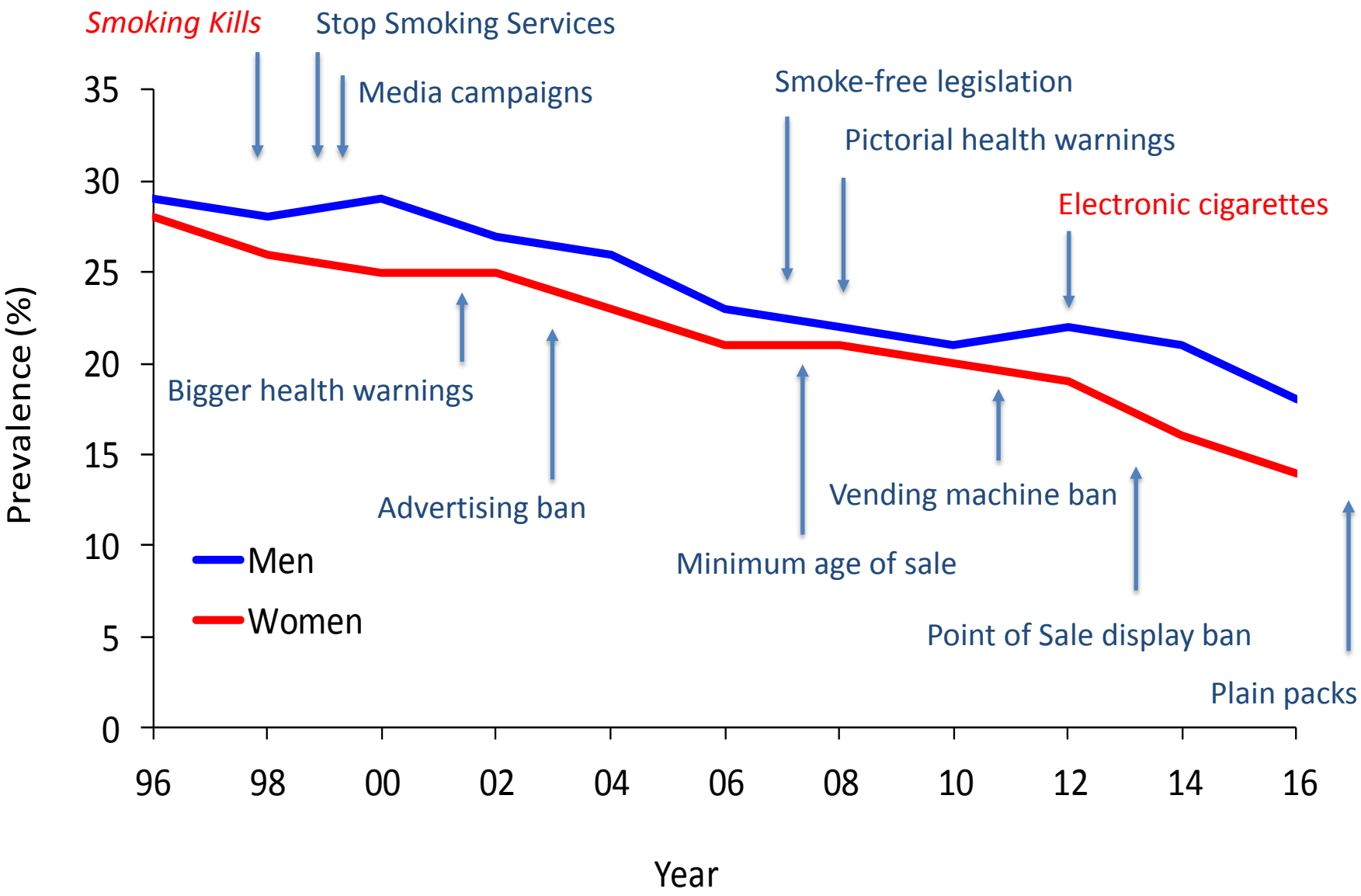


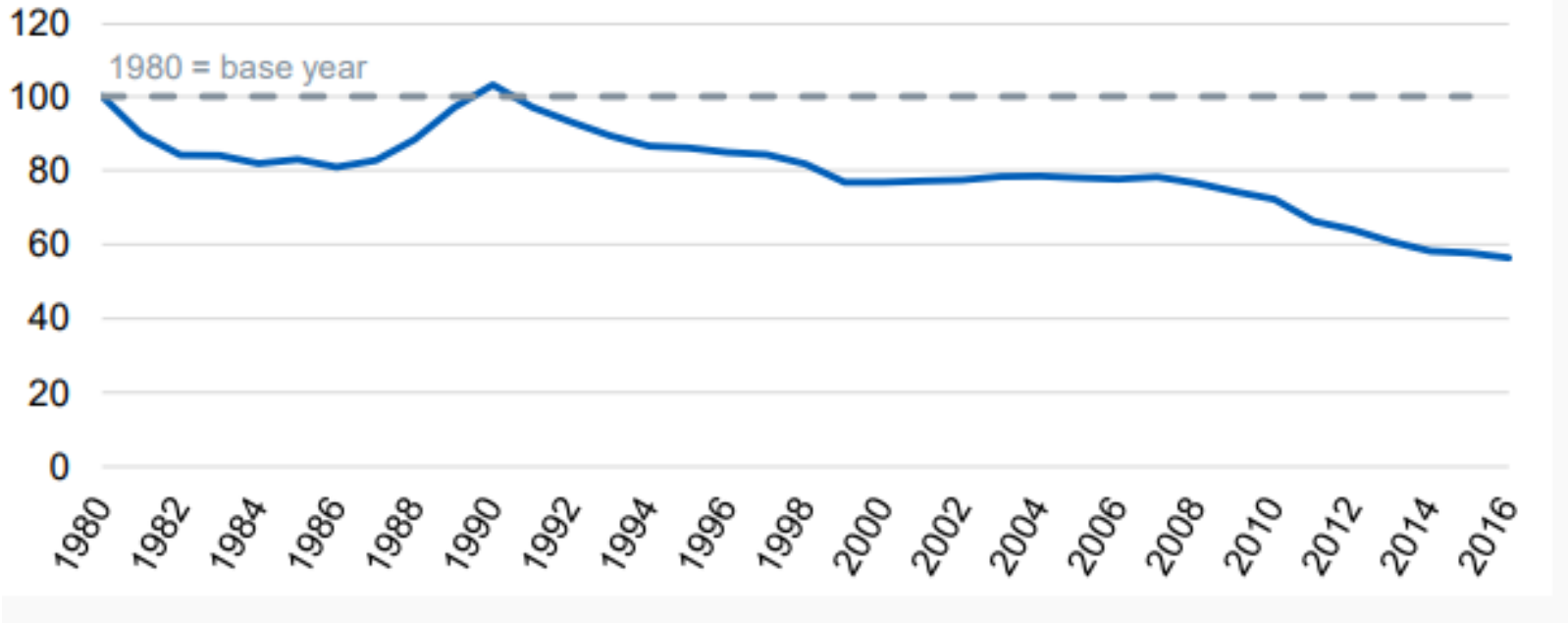
Prevalence of adult cigarette smoking in Britain, 1990–2016

1990-2016 GHS/GLS/APS



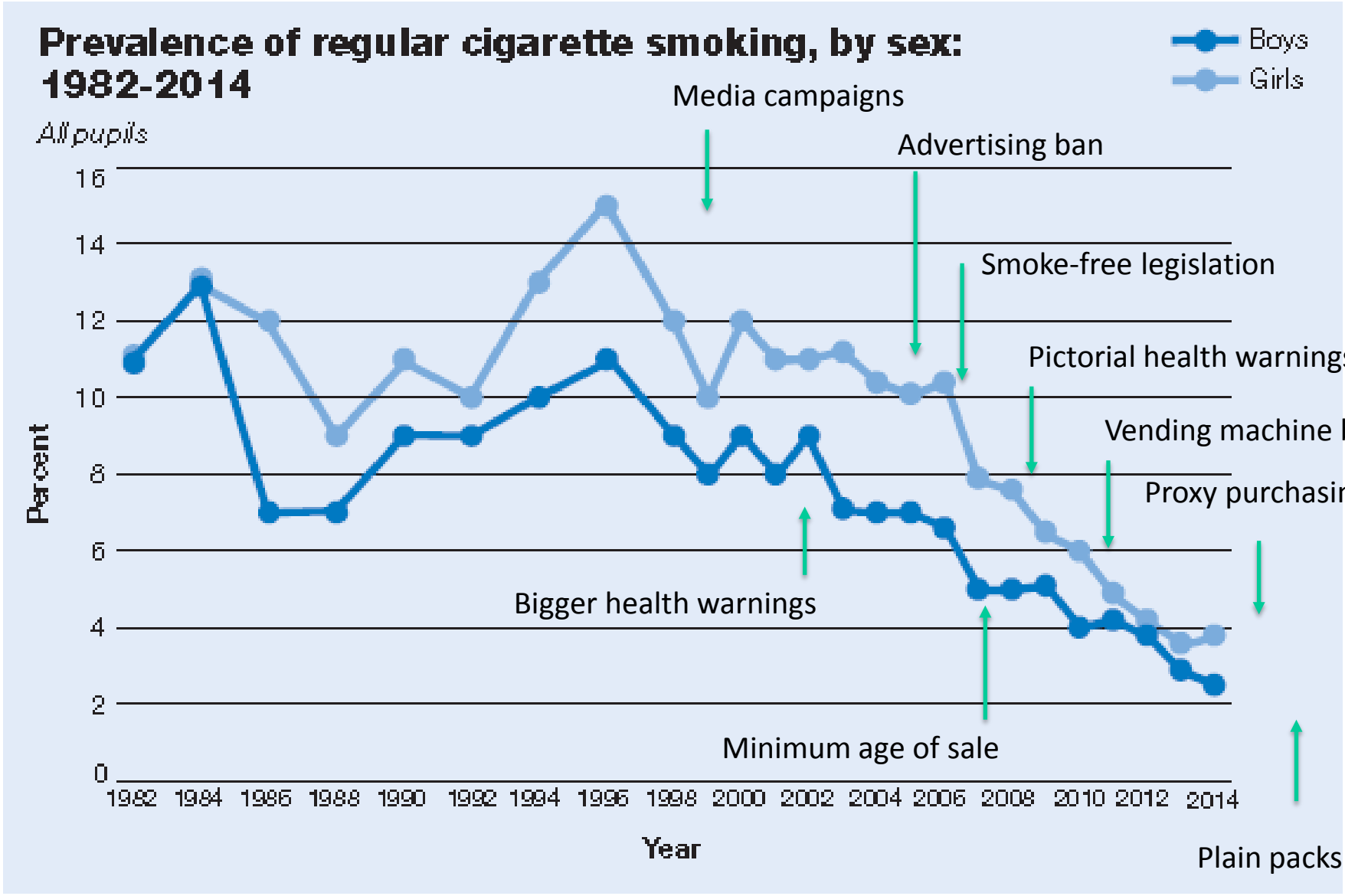
Affordability of tobacco

NHS Digital 2017



Smoking among 11-15 year olds, England 1982-2014

HSCIC, 2015



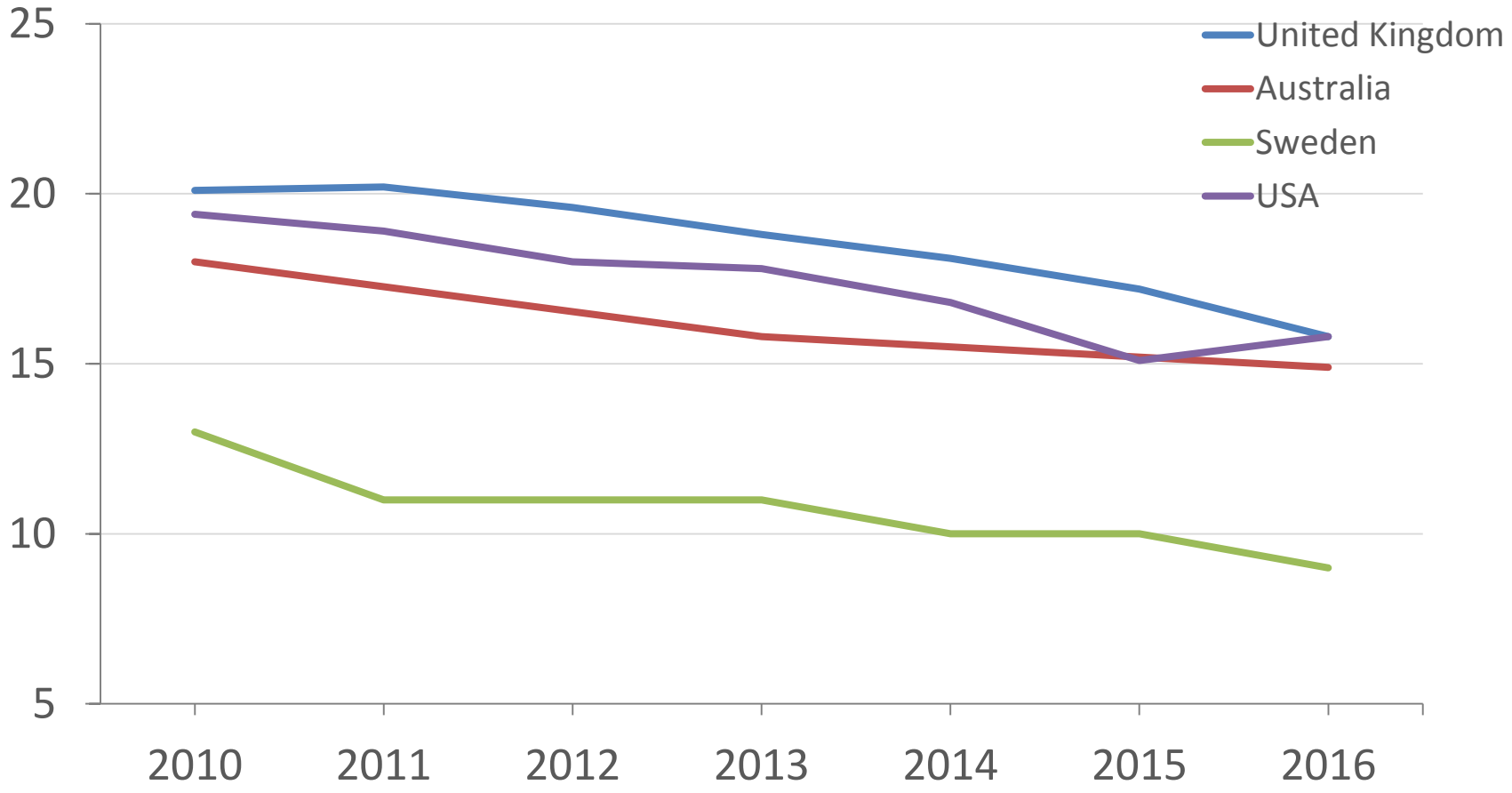
European tobacco control league table 2016

Joossens & Raw 2017

Ranking 2016 (ranking 2013)		Country	Price (30)	Public place bans (22)	Public info campaign spending (15)	Advert-ising bans (13)	Health warnings (10)	Treat-ment (10)	Total (100)
1 (1)	–	UK	26	22	3	12	9	9	81
2 (2)	–	Ireland	20	22	2	13	5	8	70
3 (3)	–	Iceland	20	17	13	13	4	2	69
4 (5)	▲	France	19	18	1	11	9	6	64
5 (4)	▼	Norway	20	17	3	13	4	6	63
6 (9)	▲	Finland	16	18	3	13	5	5	60
7 (19)	▲	Romania	17	19		8	5	7	56
8 (7)	▼	Spain	14	21	1	9	4	6	55
9 (11)	▲	Hungary	15	17		11	5	5	53
9 (13)	▲	Netherlands	14	15	3	9	5	7	53
9 (5)	▼	Turkey	17	19		7	5	5	53
9 (11)	▲	Sweden	14	15	1	11	5	7	53
13 (7)	▼	Malta	17	12	1	11	5	5	51
13 (15)	▲	Italy	15	14	2	9	5	6	51
15 (20)	▲	Poland	14	11	1	11	5	8	50
15 (24)	▲	Portugal	17	11	1	10	5	6	50
17 (13)	▼	Belgium	14	15	1	8	5	6	49
17 (10)	▼	Ukraine	11	19		13	4	2	49
17 (new)		Russian Fed.	6	19		13	4	7	49
20 (15)	▼	Bulgaria	16	11		11	5	4	47
21 (18)	▼	Switzerland	13	11	8	2	5	7	46
21 (20)	▼	Estonia	12	12		11	5	6	46
23 (15)	▼	Denmark	13	11	1	8	5	7	45
23 (23)	–	Serbia	21	11		9	1	3	45
23 (26)	▲	Croatia	16	11	1	12	1	4	45
26 (32)	▼	Cyprus	16	8		11	1	8	44
26 (24)	▼	Latvia	14	12		9	5	4	44
28 (20)	▼	Slovenia	13	15		9	1	5	43
28 (29)	▲	Lithuania	12	13	1	8	5	4	43
30 (27)	▼	Slovakia	11	10		9	5	6	41
31 (31)	–	Czech Rep.	14	9		8	5	4	40
31 (29)	▼	Greece	16	7		6	5	6	40
33 (28)	▼	Lux.	5	15		9	1	7	37
33 (33)	–	Germany	13	11		4	5	4	37
35 (34)	▼	Austria	11	8		7	5	5	36

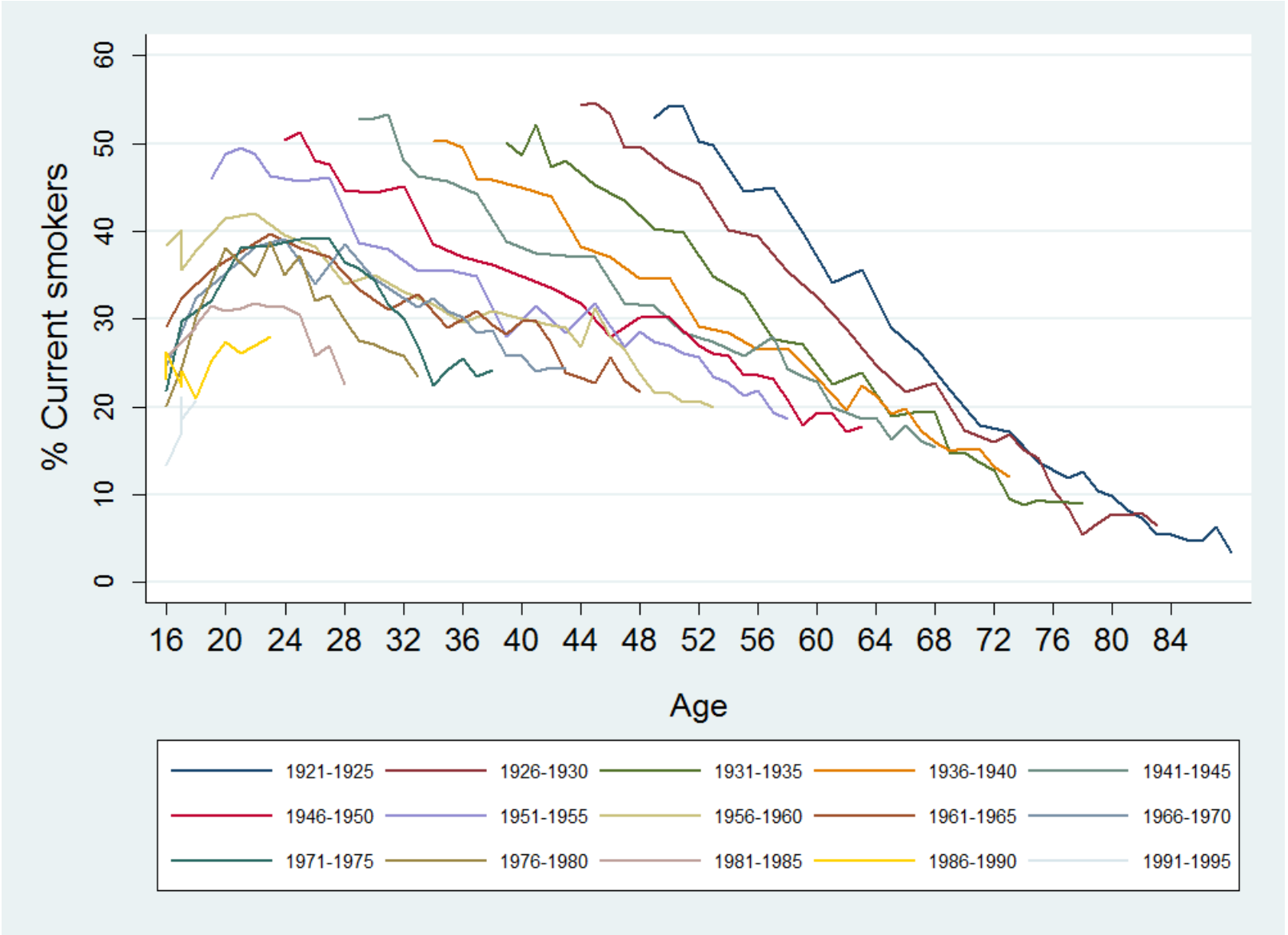
Smoking trends in the UK, Australia, Sweden, USA 2010-16

APS/National Drug Strategy Household Survey/www.folkhalsomyndigheten.se/NHIS



Smoking in Britain by age and birth cohort, 1972-2011

Nicotine without smoke, RCP 2016



- *The sustainability of the NHS, and the economic prosperity of Britain all now depend on a* ***radical upgrade in prevention and public health****.*

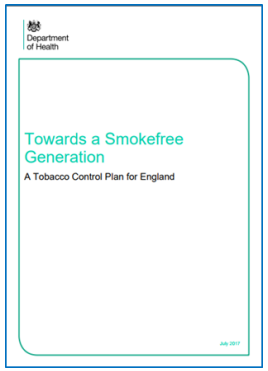
- *The NHS will therefore now back hard-hitting national action on obesity, smoking, alcohol and other major health risks.*

Department of Health

Towards a Smokefree Generation

A Tobacco Control Plan for England

July 2017



Our National Ambitions

Our vision is to create a smokefree generation. We will have achieved this when smoking prevalence is at 5% or below. To deliver this, the government sets out the following national ambitions which will help focus tobacco control across the whole system:

1. The first smokefree generation

People should be supported not to start smoking, so we aim, by the end of 2022 to:

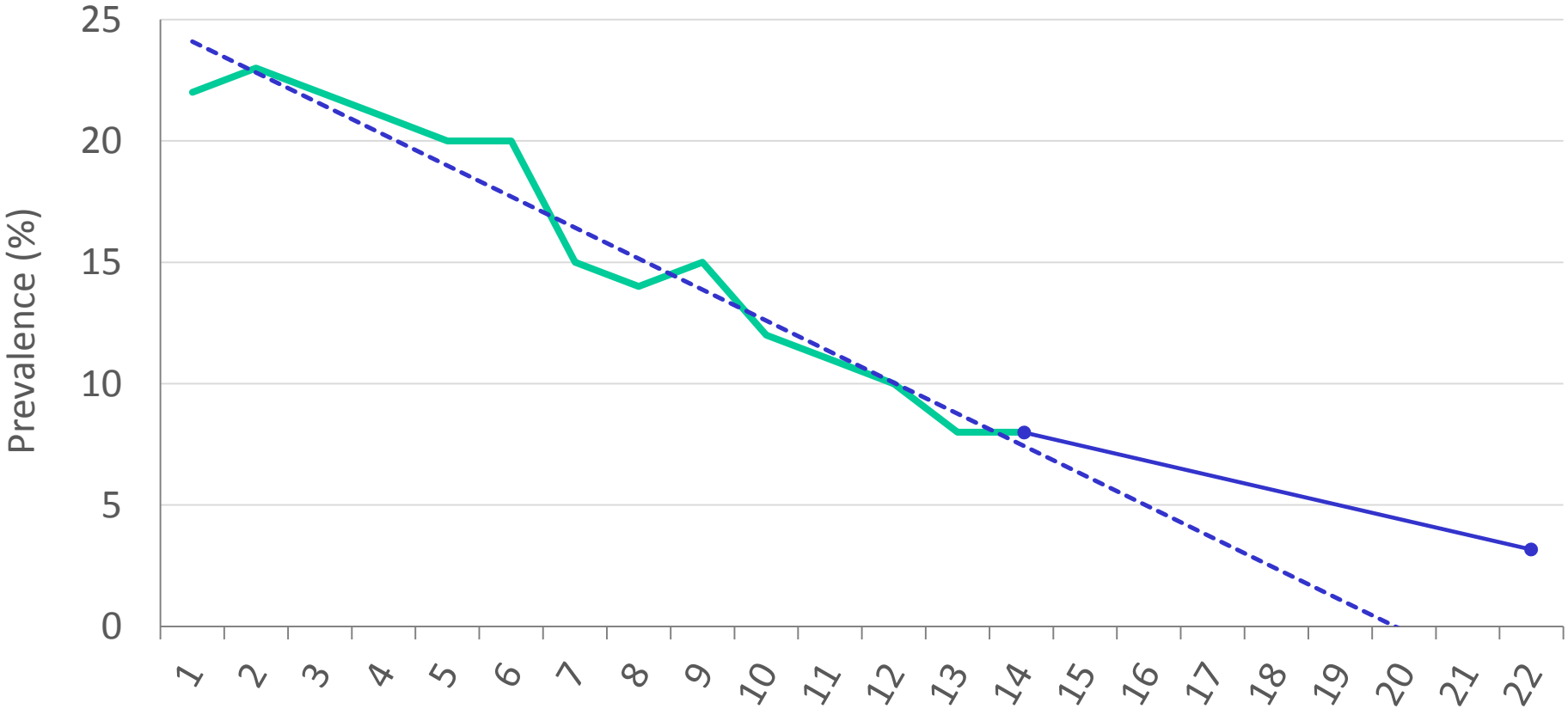
- Reduce the prevalence of 15 year olds who regularly smoke from 8% to 3% or less.[13]
- Reduce smoking prevalence amongst adults in England from 15.5% to 12% or less.
- Reduce the inequality gap in smoking prevalence between those in routine and manual occupations and the general population.

2. A smokefree pregnancy for all

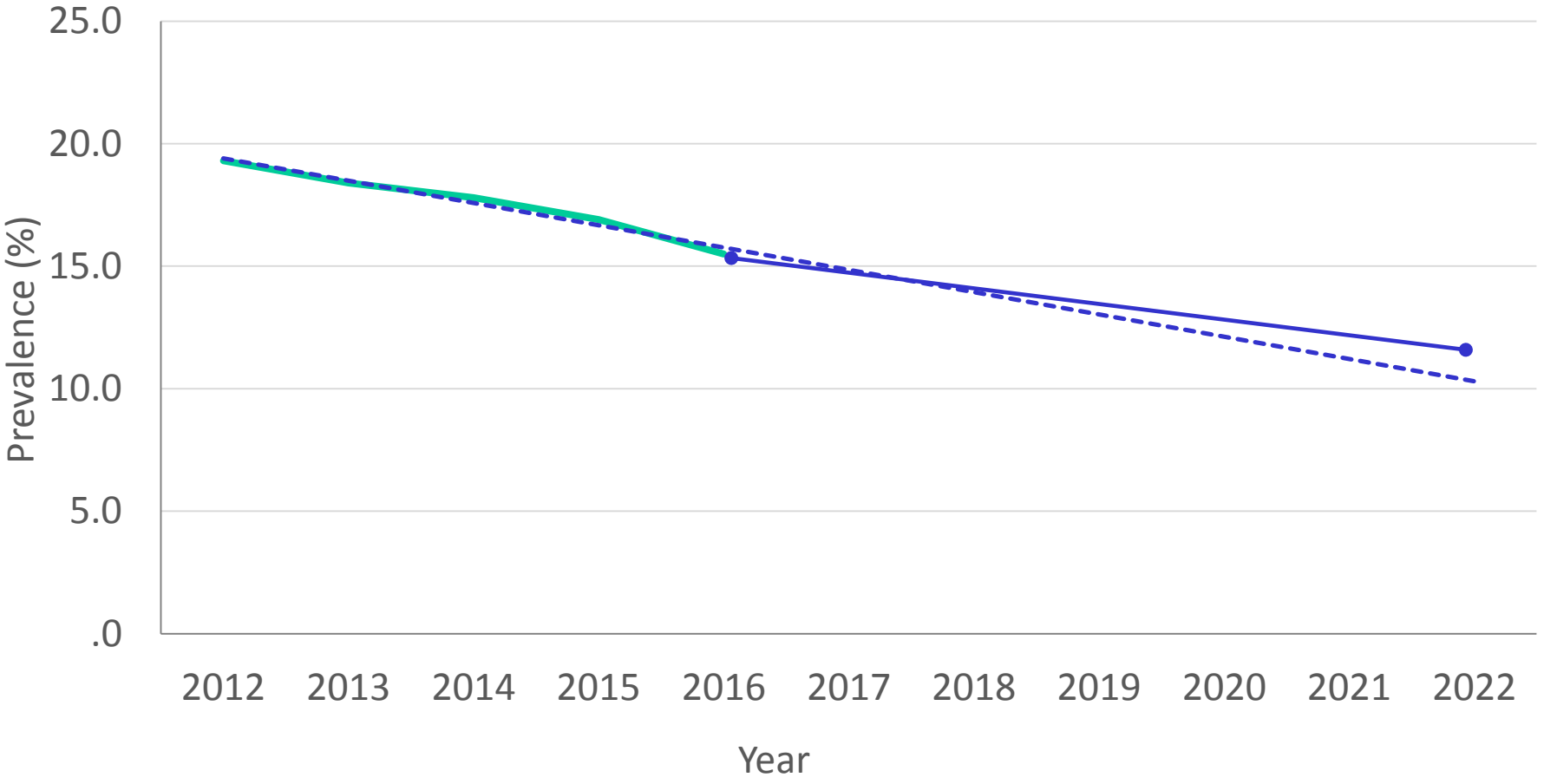
Every child deserves the best start in life, so we aim, by the end of 2022 to:

- Reduce the prevalence of smoking in pregnancy from 10.7% to 6% or less.

Smoking among 15 year olds, England 2001-14, and target for 2022:

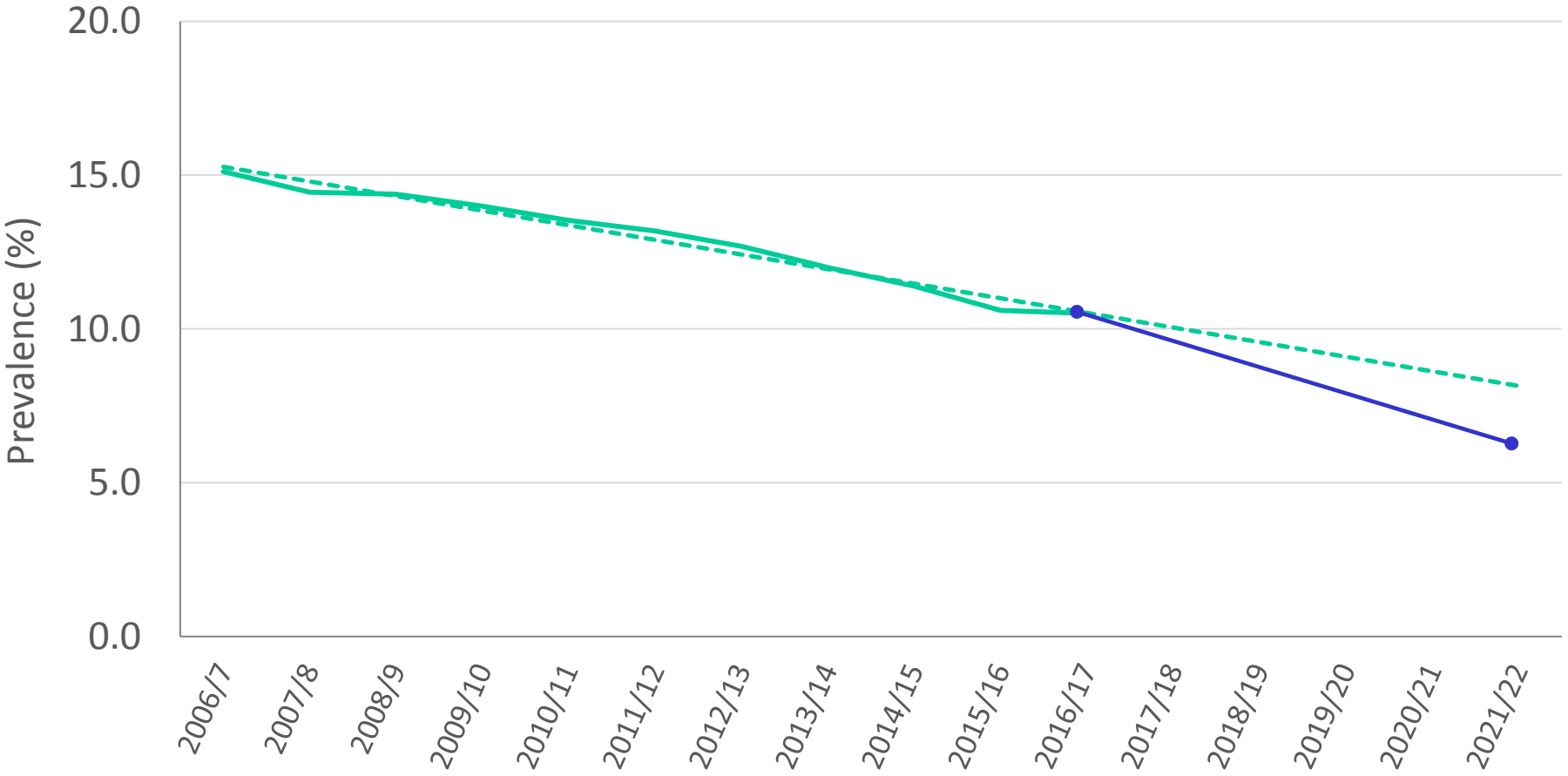


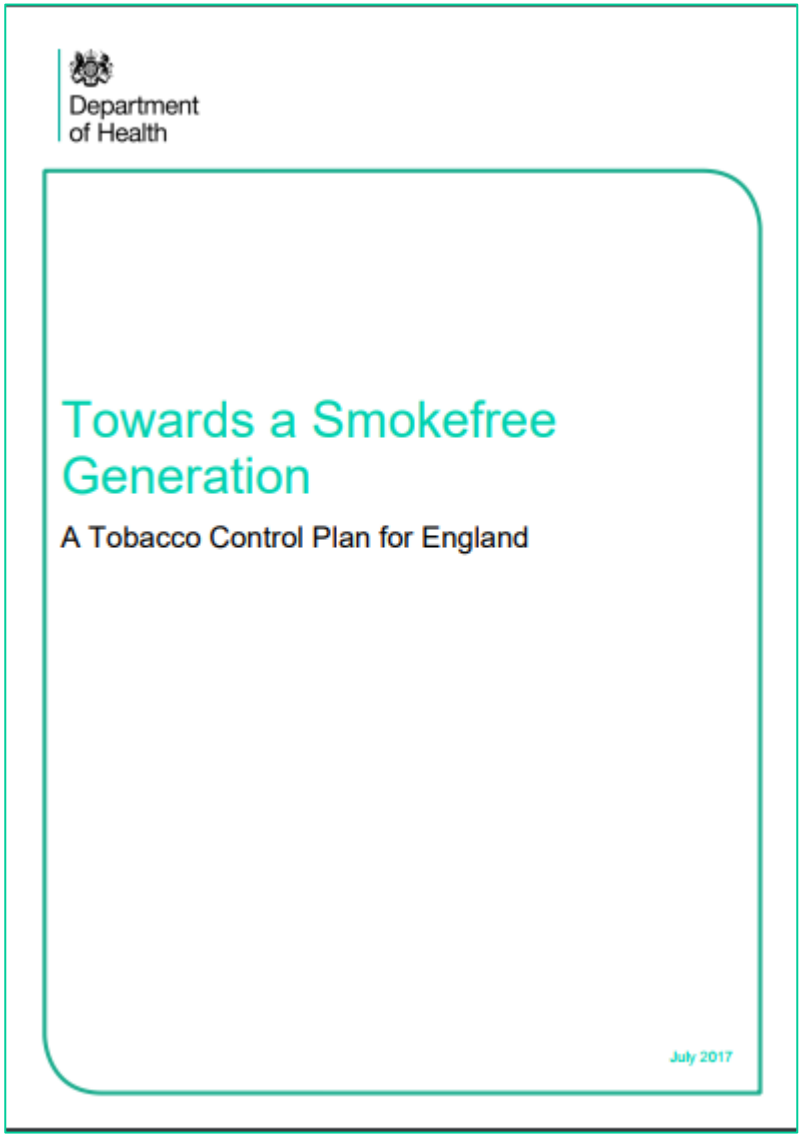
Smoking among adults, England 2012-16, and 2022 target:



Smoking at Time of Delivery, and target for 2022

NHS Digital 2017 http://digital.nhs.uk/catalogue/PUB24222





Key Recommendations:

- Help smokers to quit – by implementing NICE guidance
- Reduce harm through safer alternatives to smoking

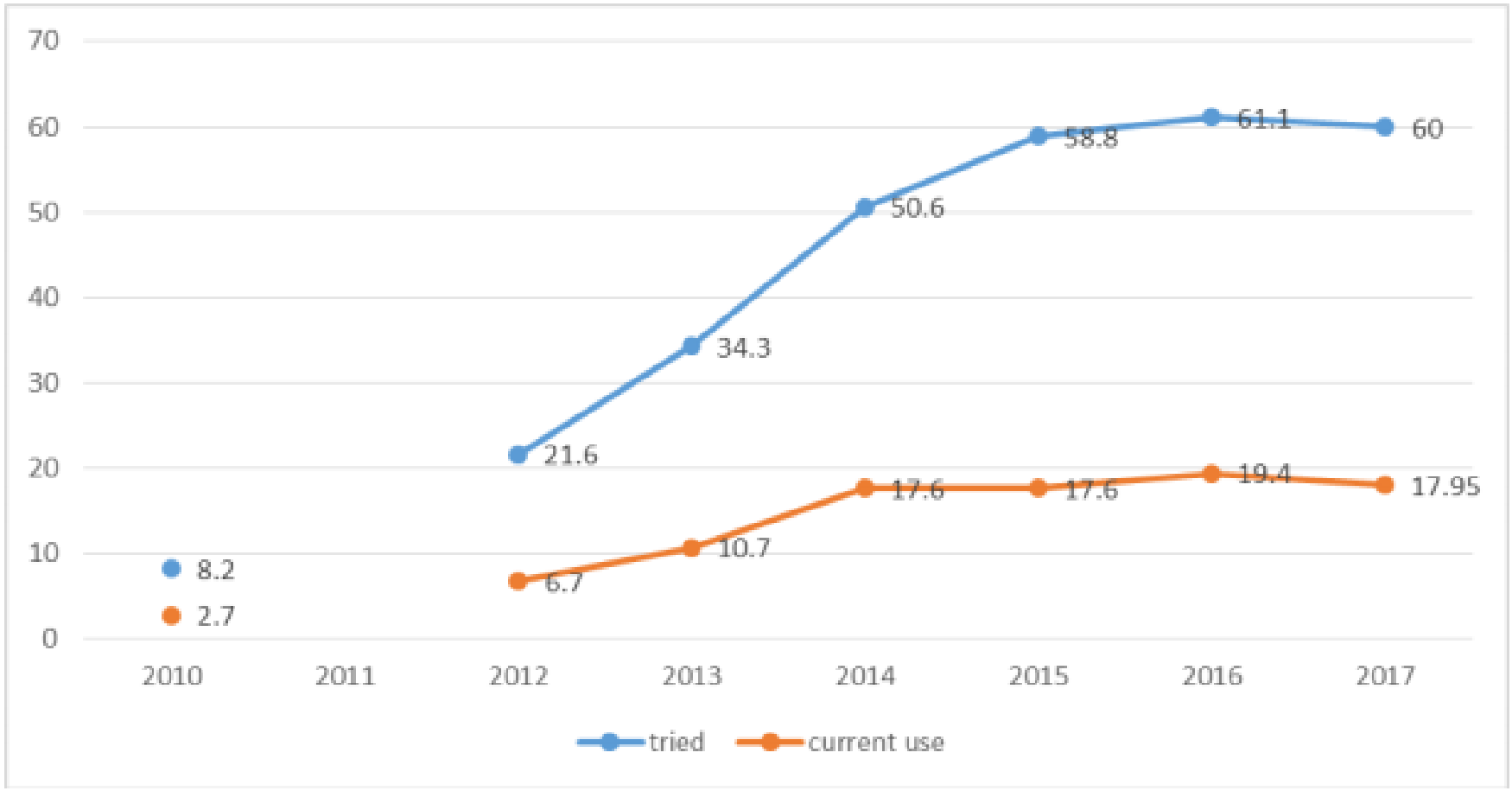

tobacco
NO ID NO SALE!
nicolites
NOW AVAILABLE
£80 MILLION
Electronic Cigarettes
NO HALF MEASURES


THE ELECTRONIC CIGARETTE STORE


Dr Smokeless
ELECTRONIC CIGARETTES
Dr Smokeless
Electronic Cigarettes
NO ASH
NO TAR
NO FLAME
NO ODOUR
Premium Quality
E-Liquid

UK e-cigarette use among smokers 2010-7

http://ash.org.uk/download/use-of-electronic-cigarettes-among-adults-in-great-britain/



Cancer potencies of emissions from e-cigarettes, heat-not-burn and tobacco cigarettes

Stephens Tobacco Control 2017 10.1136/tobaccocontrol-2017-053808

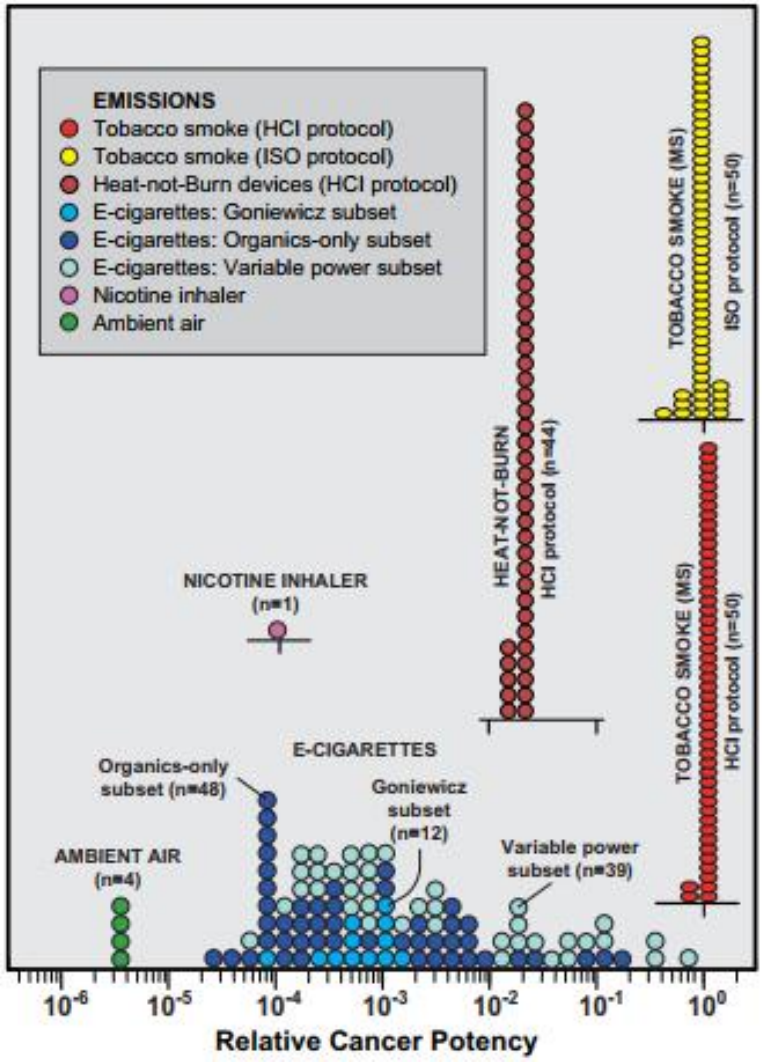


Figure 1 Relative cancer potency modelled for common forms of nicotine delivery. Potency is the aggregate estimated using equations 3 and 4 and normalised to average tobacco smoke with cancer risk set to 1.0 (equation 5). Each circle or ellipse on the graph represents the emission from a single sample or experiment in the peer reviewed literature. In all, emissions from 14 peer-reviewed studies are summarised in the diagram (see text for data sources). MS, mainstream smoke.

- Most e-cigarette analyses indicate cancer potencies <1% that of tobacco smoke and <10% that of a heat-not-burn prototype, although a minority of analyses indicate higher potencies.


stop smoking service
welcomes anyone who wants to be
smokefree
We offer all the traditional licensed products (patches, mouth-spray, inhalators, Champix and many more), and advisors are skilled in helping people choose the right product for them
We're ecig-friendly, and whether you buy your own or use one of our samples, we can give the extra support that makes a big difference to success rates


Public Health England
IBVTA
STOP SMOKING WITH AN E-CIGARETTE THIS STOPTOBER
E-cigarettes are the most popular stop smoking aid in England and there's growing evidence that they can help people quit smoking cigarettes for good.
Join in the 28-day Stoptober challenge and stop with all the support you need.
Ask inside today.
STOPTOBER
BECAUSE THERE'S ONLY ONE YOU
© Crown copyright 2017

NICE guidance on tobacco dependence

Brief interventions and referral for smoking cessation

Issued: March 2006

Smoking cessation services

Issued: February 2008 last modified: November 2013

DRAFT FOR CONSULTATION

Stop smoking interventions and services

NICE guideline

Draft for consultation

September 2017

This guideline covers stop smoking interventions and services delivered in primary care and community settings for everyone over the age of 12. The recommendations focus on vulnerable groups who find it hard to quit or who smoke a lot.

Smoking: stopping in pregnancy and after childbirth

Public health guideline
Published: 23 June 2010
nice.org.uk/guidance/ph26

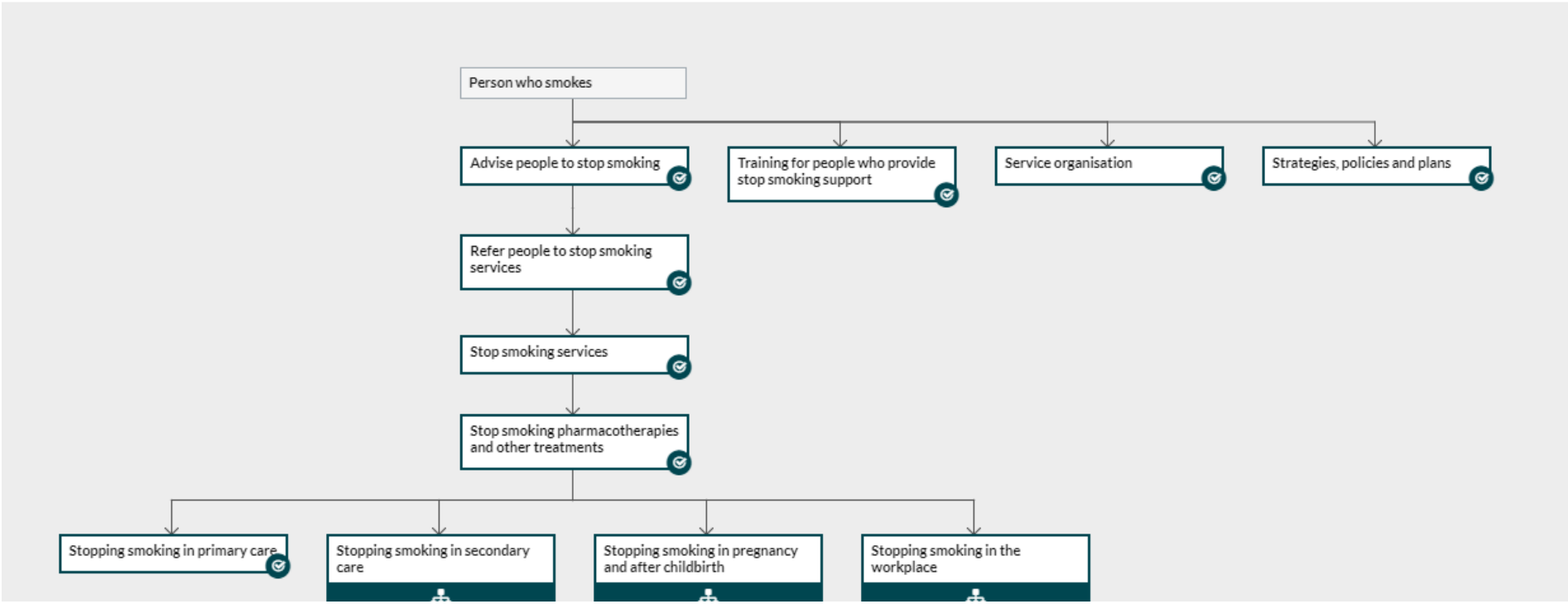
Tobacco: harm-reduction approaches to smoking

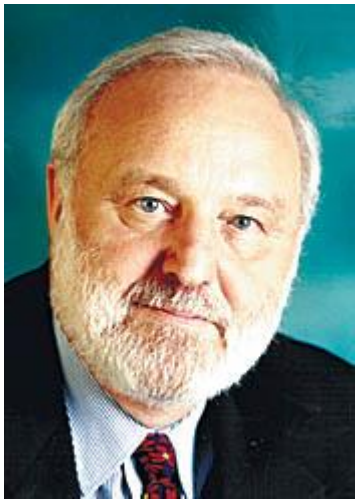
Issued: June 2013 last modified: July 2013

Smoking cessation in secondary care: acute, maternity and mental health services

Issued: November 2013

Stopping smoking in everyone





Health Action Zones

HC Deb 31 March 1998 vol 309 cc1033-48

30 pm §

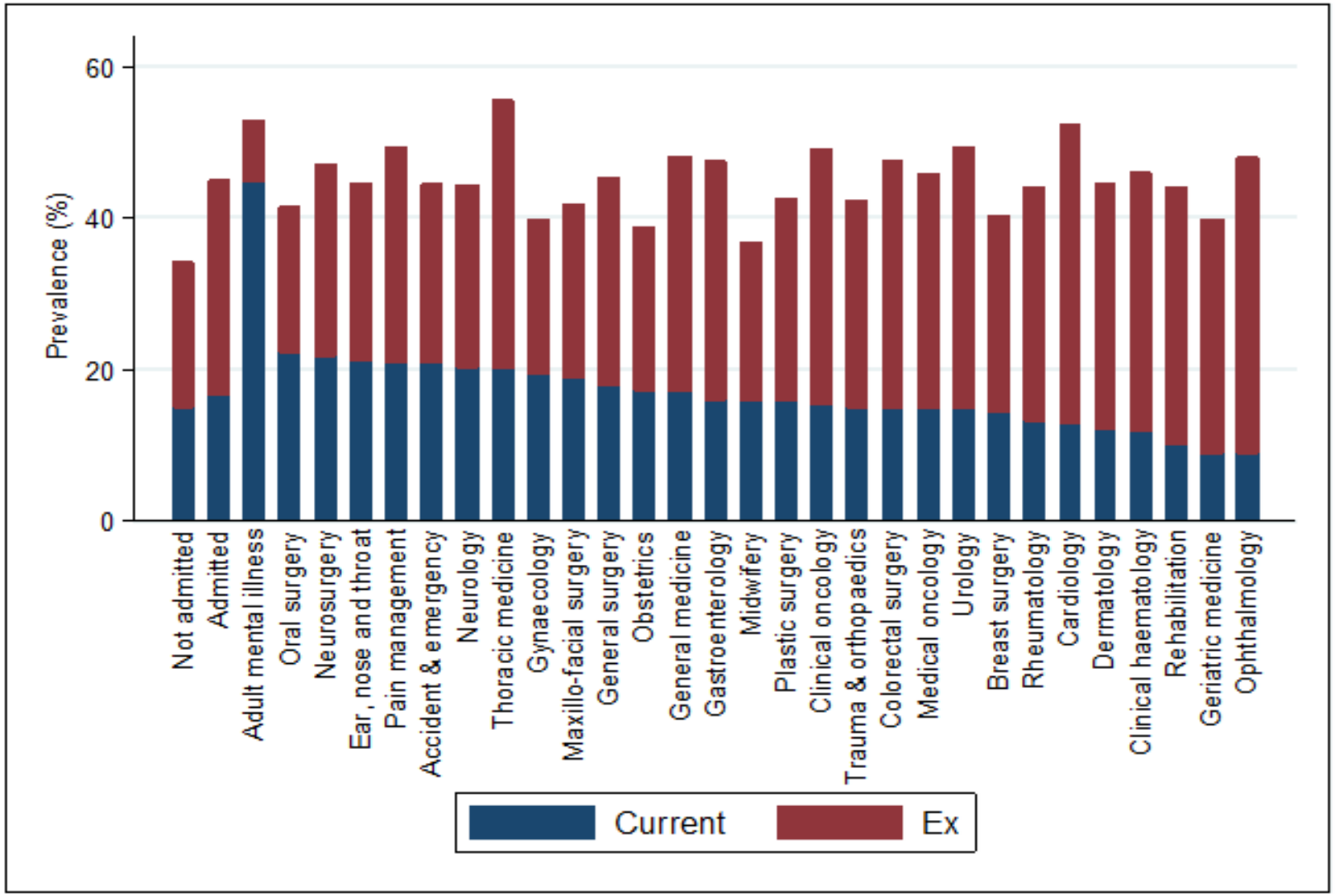
The Secretary of State for Health (Mr. Frank Dobson) Two weeks ago, I came to the House to announce that the extra £500 million earmarked for the national health service in the Chancellor's Budget would be devoted to reducing hospital in-patient waiting lists. That was part of our modernisation programme for the health service, which was set out in our recent White Paper "The New NHS". That programme will be necessary if patients and taxpayers are to get the full benefit of the extra resources we are providing, and if the million dedicated staff are to be able to use their talents to the full. §

Our Green Paper on public health spelled out the action that the new Government intend to take to prevent people from falling ill in the first place, and to narrow the health gap between rich and poor./lb/> Today I come to the House to announce the 11 areas in England that will become health action zones, where special arrangements will be made to benefit local people by both modernising the local health services and taking concerted action to tackle the root causes of ill health.

Health action zones will involve local partnerships between the health service, local councils and voluntary groups and local businesses. Their job will be to make measurable improvements in the health of local people and in the quality of treatment and care. They will break down existing barriers that are holding back local partnerships, which everybody recognises are crucial to tackling intractable health problems in many of the worst-off parts of the country.

Smoking in people admitted to English hospitals, 2010-11

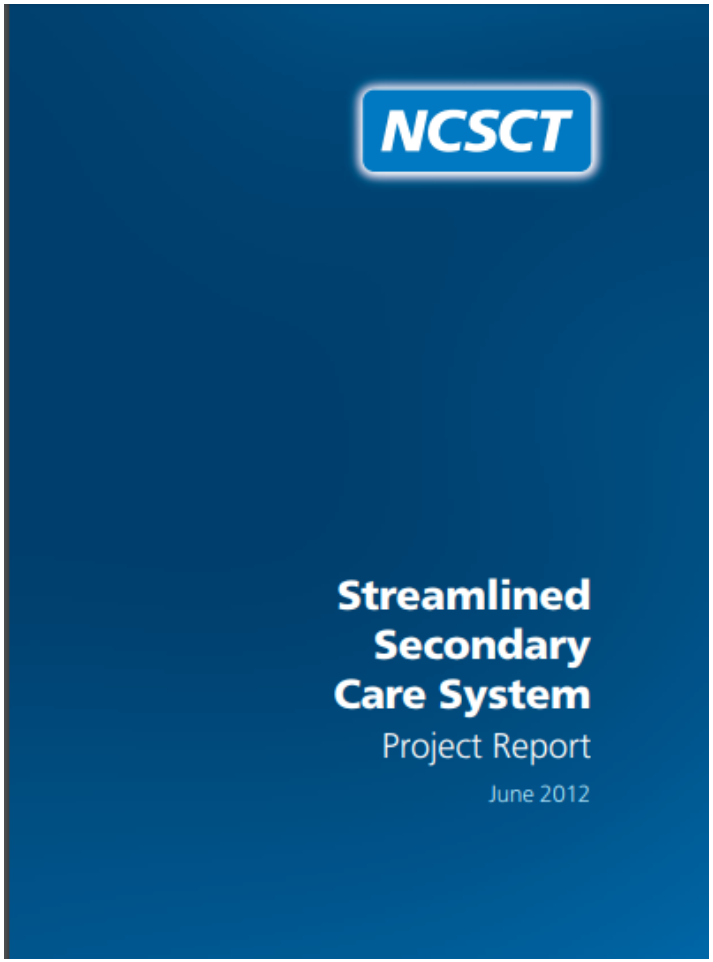
Szatkowski et al, Thorax 2015;70:498-500

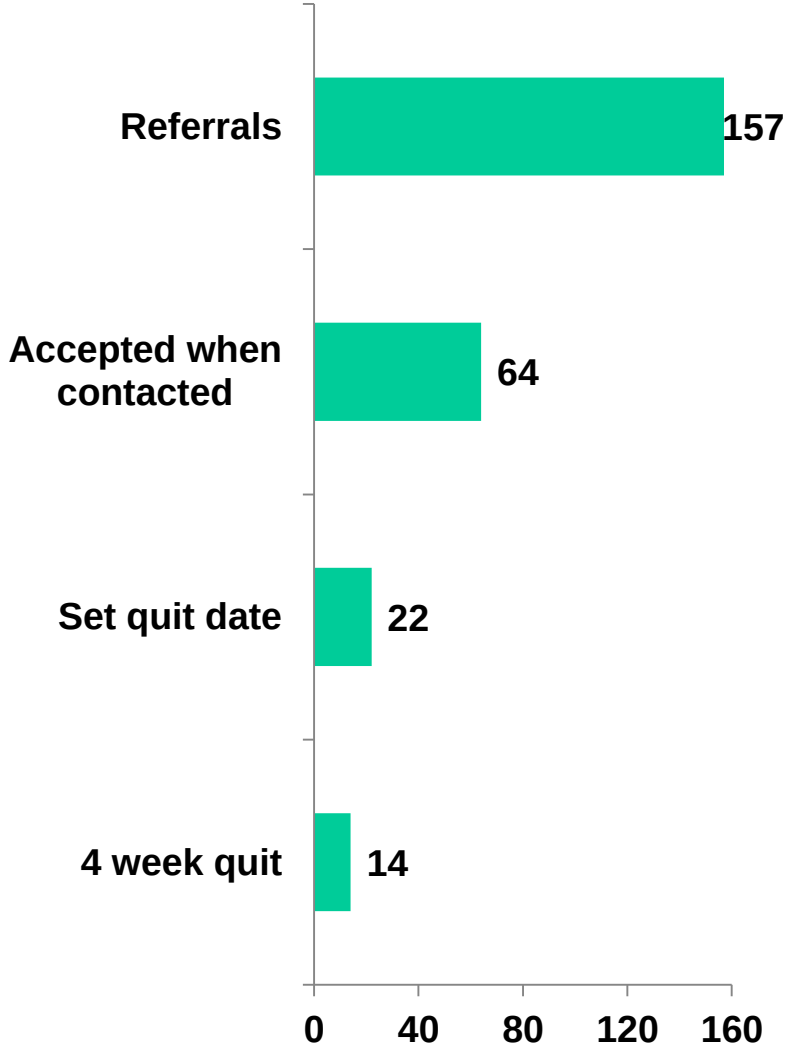


Total of ~ 1.1 million smokers admitted to hospital

Systematic NHS SSS referral in secondary care

3-month Pilot at Queen Alexandra Hospital, Portsmouth. *http://www.ncsct.co.uk*

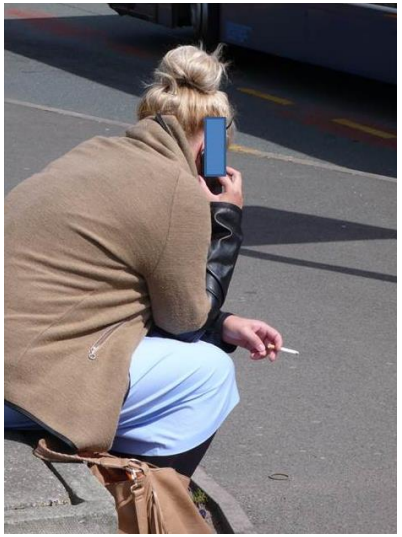




PH48 **Smoking cessation - acute, maternity and mental health services (PH48)**

Public health guidance PH48
Issued: November 2013

- For planned or anticipated use of secondary care:
  - provide information on smoke-free policy and cessation support
- On admission:
  - ascertain smoking (use CO in pregnancy) and advise cessation at first face-to-face contact
  - Provide NRT or other pharmacotherapy immediately
  - Provide intensive behavioural support during admission
  - Promote temporary abstinence in smokers who are not ready to quit
  - Plan to reduce doses of antipsychotic/other drugs affected by smoking
- For patients, carers, friends, visitors:
  - advise on smoke-free policy, ensure NRT available for sale
- Ensure continuity of care after discharge



(pictures by Carl Neal)

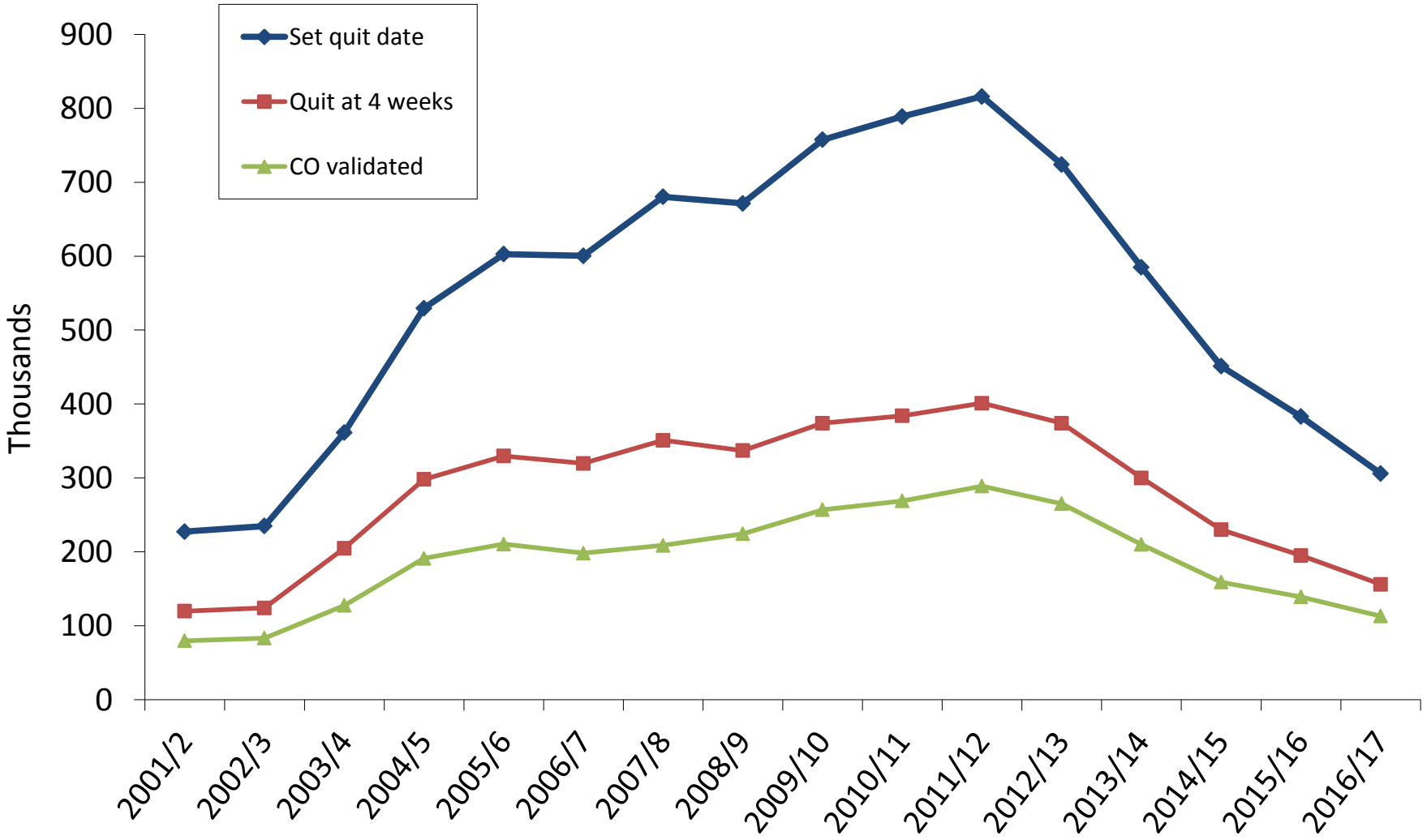
Barriers to intervention by healthcare professionals

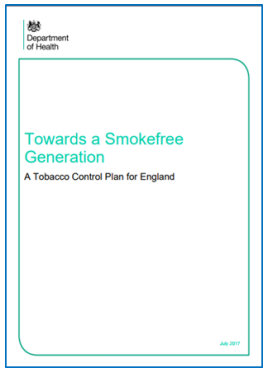
NICE PH48

- Smoking among health care staff
- Perceived lack of time, knowledge and skills
- Lack of training in delivery
- Lack of prompts, reminders, automated systems, audit and feedback
- Poor organisational support (service and medicine provision)

Statistics on NHS Stop Smoking Services 2001-17

NHS Digital 2017





Our National Ambitions

3. Parity of esteem for those with mental health conditions

People with mental ill health should be given equal priority to those with physical ill health, so we aim to:

- Improve data collected on smoking and mental health to help us to support people with mental health conditions to quit smoking.
- Make all mental health inpatient services sites smokefree by 2018.

4. Backing evidence based innovations to support quitting

We are committed to evidence-based policy making, so we aim to:

- Help people to quit smoking by permitting innovative technologies that minimise the risk of harm.
- Maximise the availability of safer alternatives to smoking.

Towards a Smokefree Generation: Four themes, with a range of actions for each.

1. Prevention first

- Ensure effective operation of legislation such as proxy purchasing, standardised packaging
- Support pregnant smokers to quit

2. Supporting smokers to quit

- Provide access to training for all health professionals on how to help patients - especially patients in mental health services - to quit smoking
- a smokefree NHS by 2020

3. Eliminating variations in smoking rates

- [Implement all relevant NICE guidelines by 2022].
- Support local councils to help people to quit …. particularly where prevalence is high.

4. Effective enforcement

- Maintain high duty rates to make tobacco less affordable.
- Ensure that sanctions in current legislation are effective and fit for purpose

Options

- News & policy
  - News room
  - Consultations
  - Publications
  - Brexit
  - Policy Diary

Contact us

For the policy team:

News

Total GB trading standards spend falls to £1.99 per person, per year

Posted 08/08/16

The government is accused of failing to adequately protect consumers and honest businesses after it emerged the total trading standards spend in Great Britain has fallen to just £1.99 per person, per year.

Published today (MONDAY AUG 8), the Chartered Trading Standards Institute (CTSI) report also shows staffing has fallen by 53%, since 2009, and the total spend has dropped from £213m to £124m.

Experts believe the cuts - leaving some budgets below £200,000 - mean just one complex crown court prosecution is now beyond the reach of some local councils' trading standards teams.

Meanwhile, the economy has endured some of the

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Price per cigarette for manufactured and RYO products *Hiscock et al 2017 10.1136/tobaccocontrol-2017-053891*

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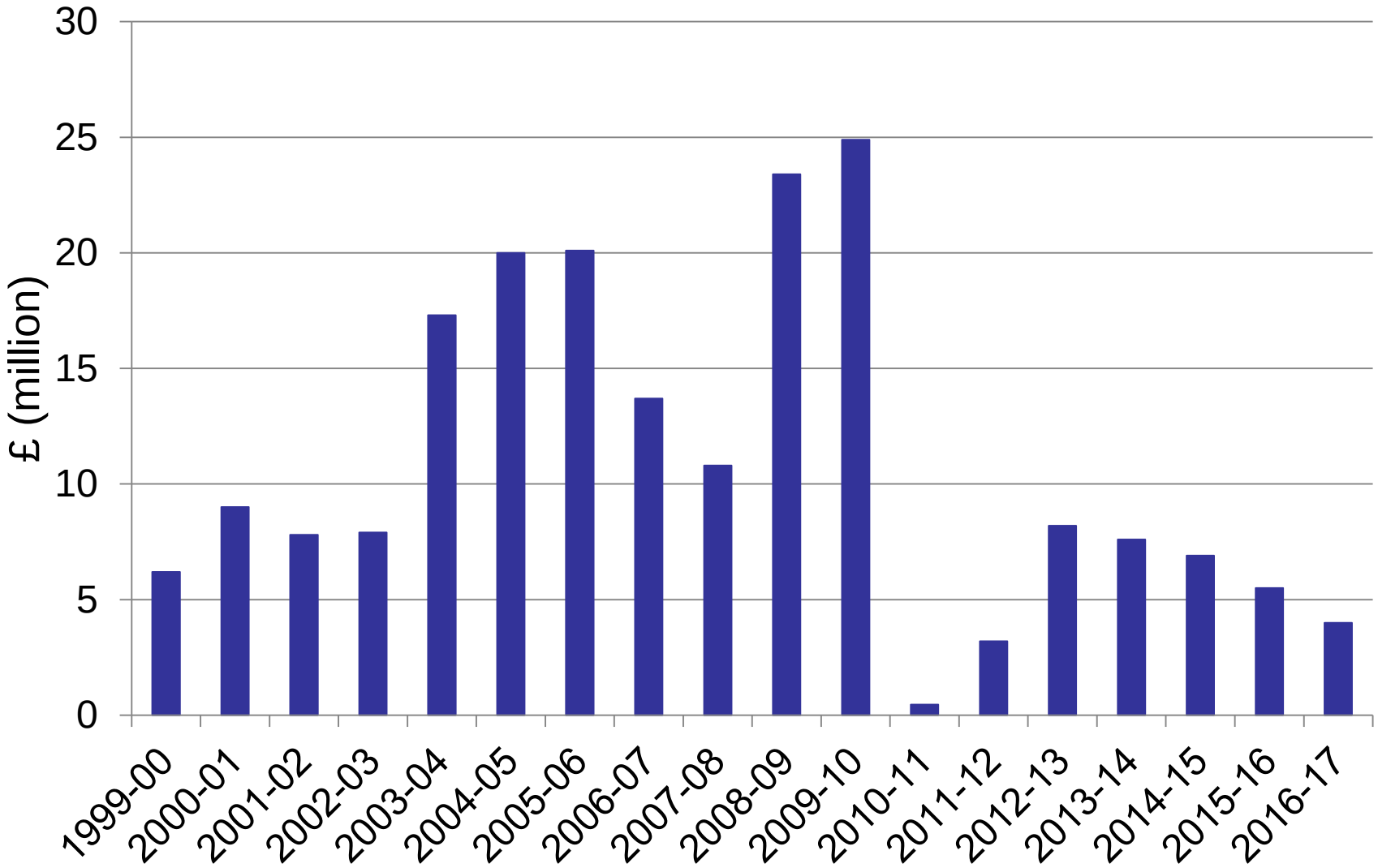
Spend on mass media campaigns, E&W 1999-2017

http://www.ash.org.uk/files/documents/ASH_667.pdf; parliamentary questions 2015-7




LOVE ISLAND 2017

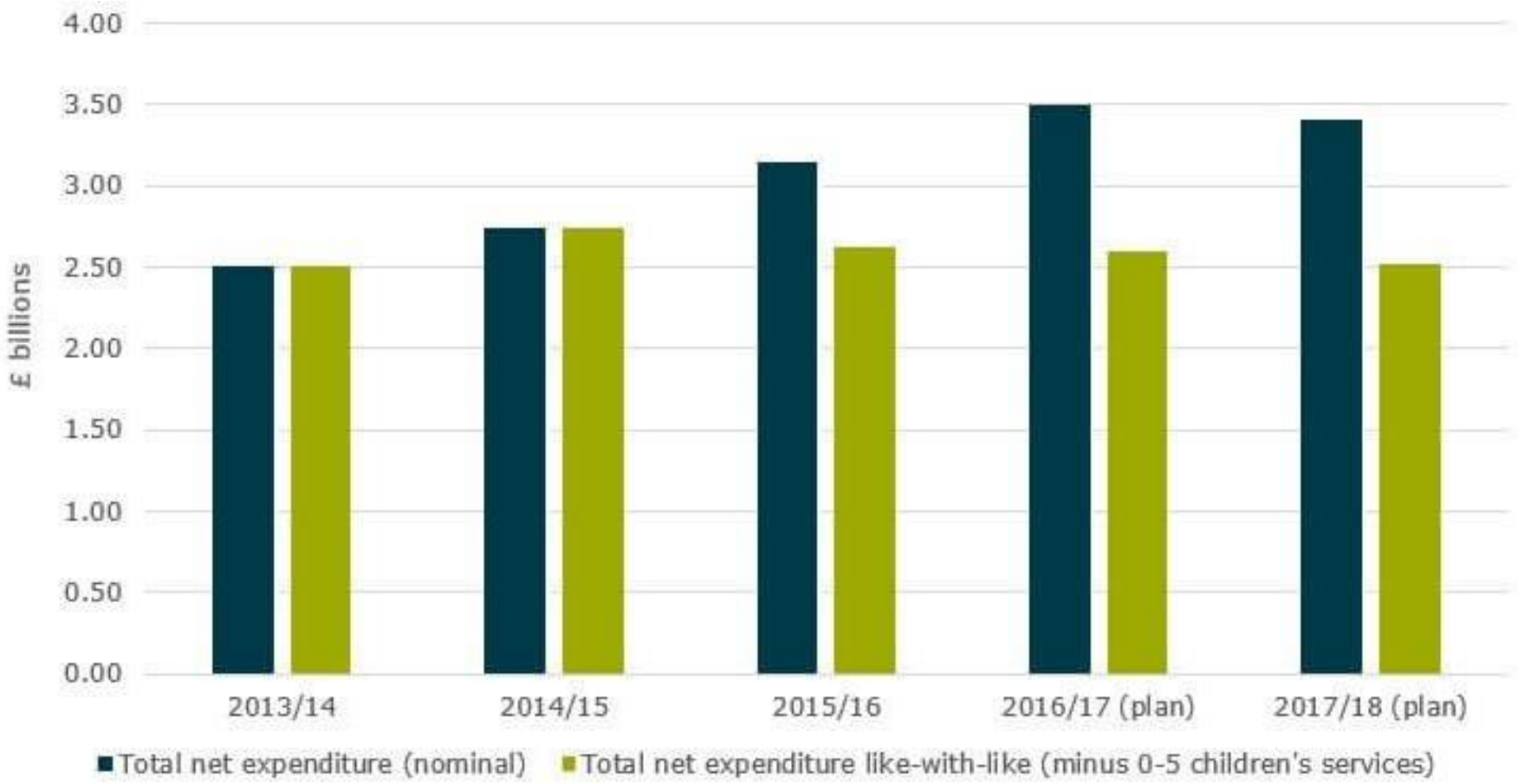
3.11 Guidelines on reducing images of smoking in television programmes and films directed towards children have been published by Ofcom, the UK communications industries regulator. We will continue to work to reduce the depiction of smoking in the media, including through bringing together media regulators and the entertainment industry to consider what more can be done.

- *The sustainability of the NHS, and the economic prosperity of Britain all now depend on a* ***radical upgrade in prevention and public health****.*

- *The NHS will therefore now back hard-hitting national action on obesity, smoking, alcohol and other major health risks.*

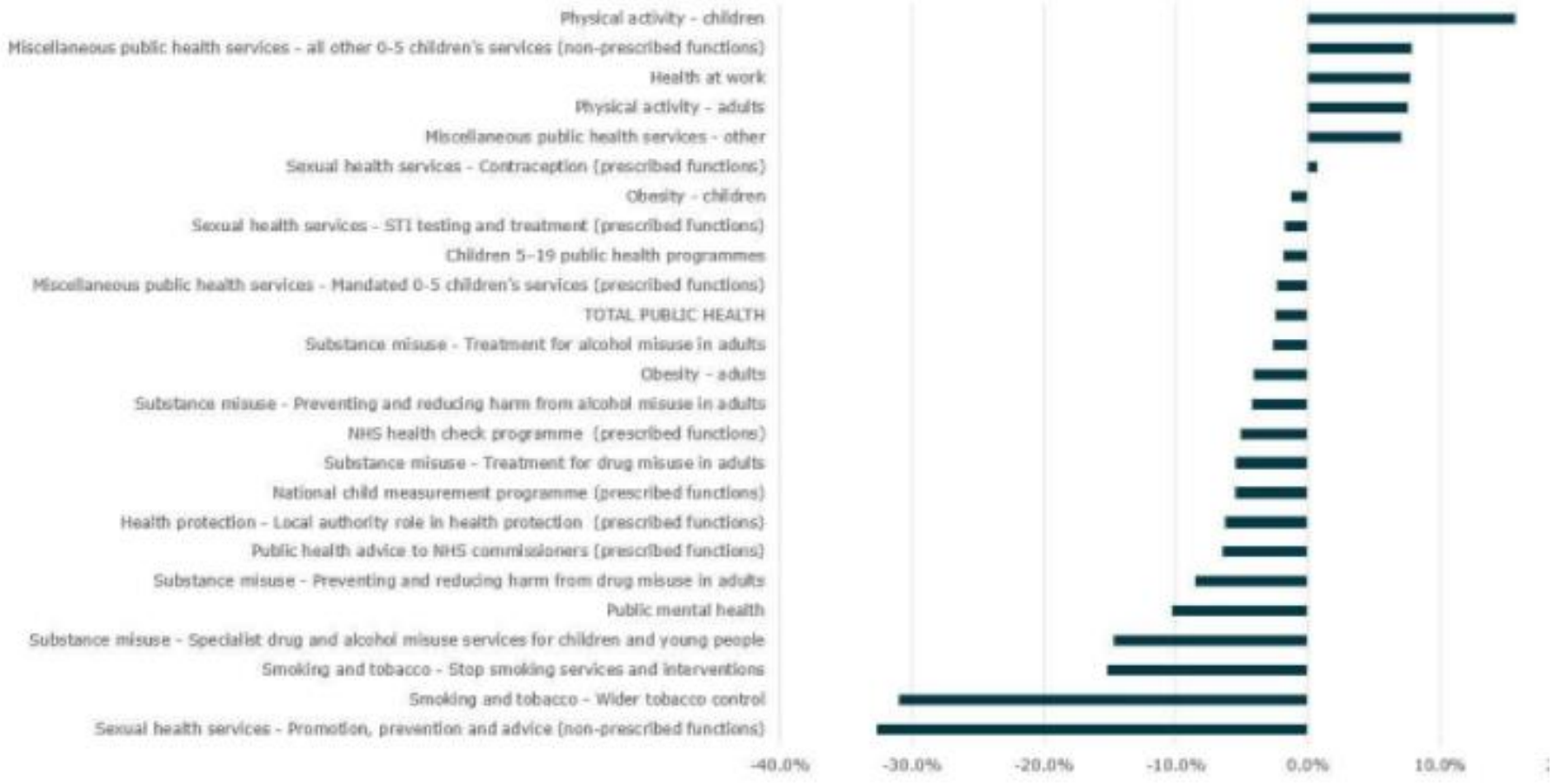
Local authority public health spending 2013-4 to 2017/8

www.kingsfund.org.uk/blog/2017/07/local-government-public-health-budgets-2017-18al authority public health spending 2013-4 to 2017/8



Percentage change in local authority planned public health budgets: 2017/18 compared to 2016/17

www.kingsfund.org.uk/blog/2017/07/local-government-public-health-budgets-2017-18al authority public health spending 2013-4 to 2017/8




No smoking

Public Health England

Protecting and improving the nation's health

Towards a Smokefree Generation: Making it Happen Here

Birmingham
3 November 2017

#SmokefreeGeneration

Public Health England

Protecting and improving the nation's health

The role of the NHS in helping smokers quit

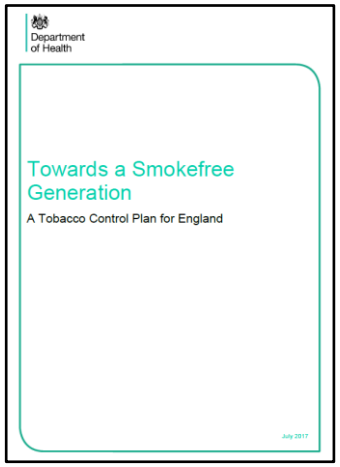
Professor Mike Morgan, Respiratory National Clinical Director, NHS England

Birmingham
3 November 2017

#SmokefreeGeneration

The role of the NHS in helping smokers to quit

Professor Mike Morgan,
National Clinical Director for Respiratory Services,
NHS England

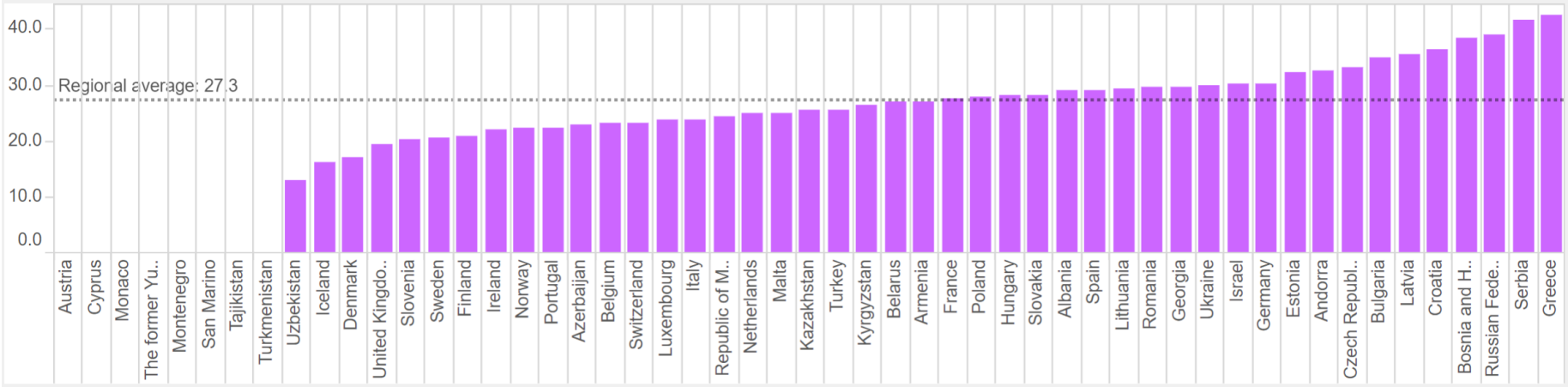


Ambitions

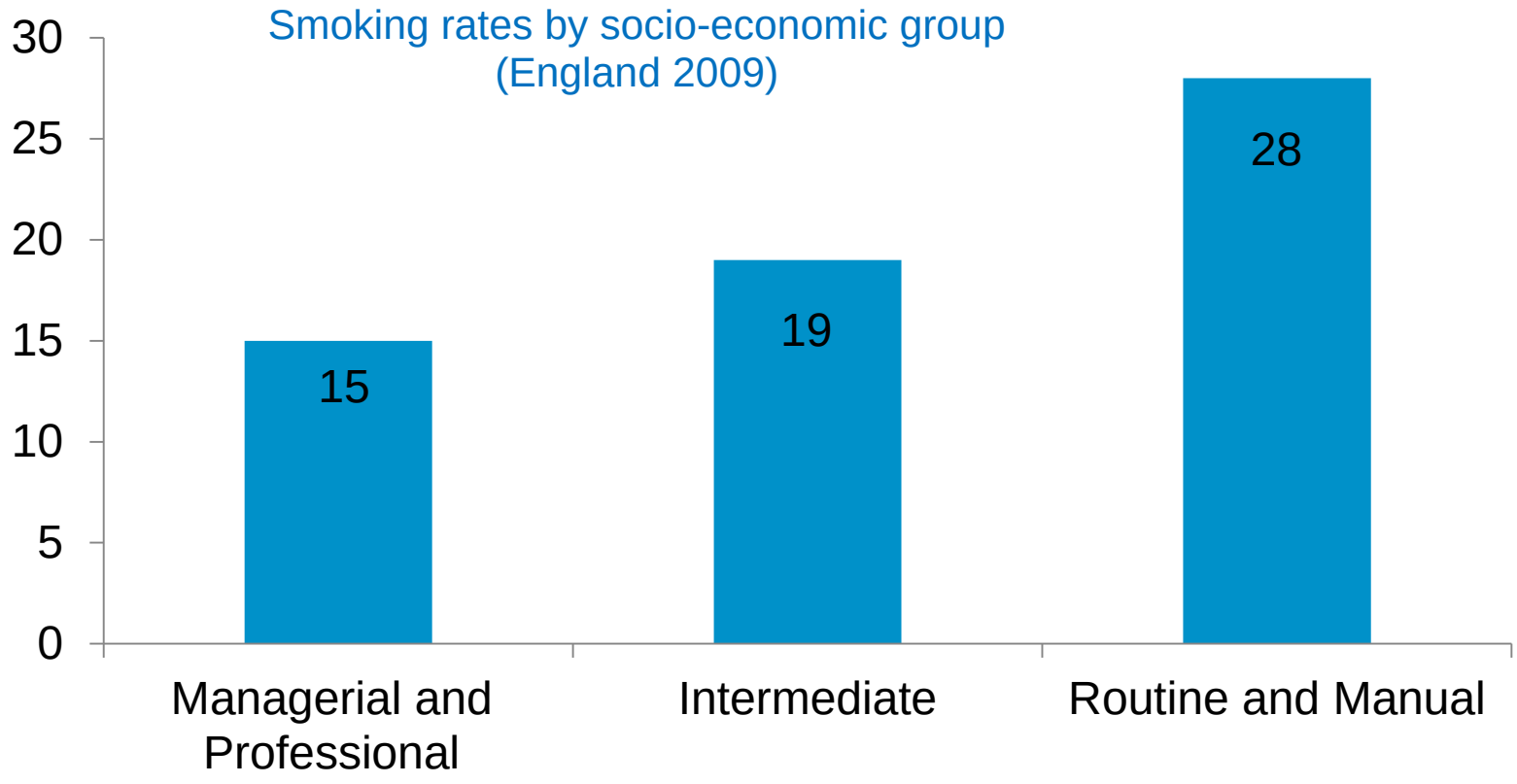
- The first smoke-free generation
- A smoke-free pregnancy for all
- Parity of esteem for those with mental health conditions
- Backing evidence based innovations to support quitting

NHS England

Distribution by country (in selected WHO region) mouse-over the y-axis to sort



The poorer you are the more likely you are to smoke



Public Health England

Healthmatters **Why treat tobacco dependence?**

Nearly
7 MILLION
people in England
smoke

Smoking is the single largest cause of preventable ill health and premature death

It is responsible for

of all deaths in people aged 35+

The annual cost of smoking to society in England is estimated to be

£14.7 bn

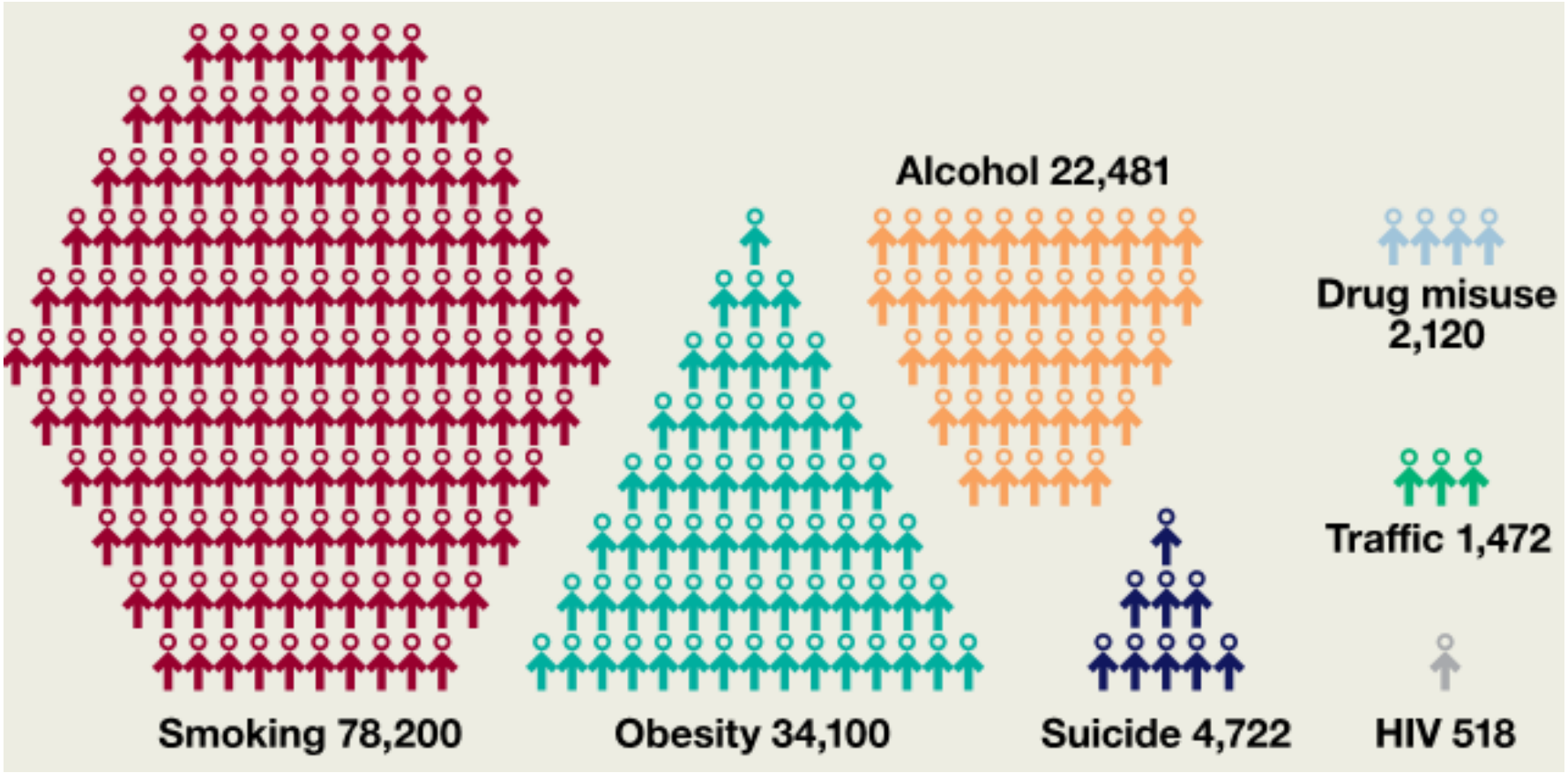
Of this, direct costs to the NHS are estimated at

£2.5 bn

and costs to social care at

£1.4 bn

Smoking causes the greatest number of preventable deaths



WHAT EVERY CLINICIAN SHOULD KNOW

* Half of all smokers die from smoking-related disease
* Supporting people to stop smoking is TREATMENT not prevention

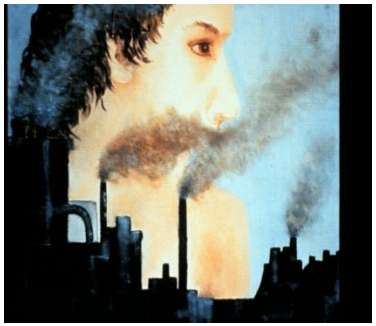
Supporting smokers to stop smoking is every clinician's business

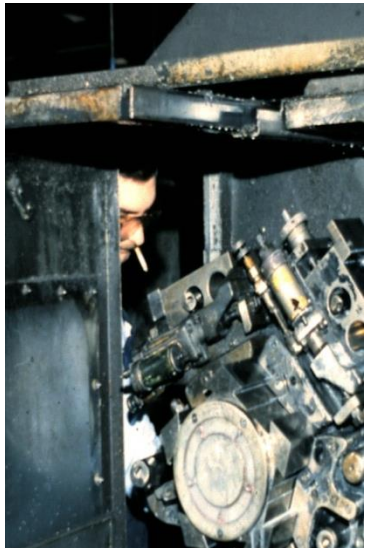
Smoking Kills

&

Stopping smoking works


100
Celebrate
© KNP





Commissioning opportunities for smoking cessation in respiratory disease

NHSE Policy

Smoking cessation as treatment in secondary care

- Guidelines
- Commissioning incentives

Smoke free hospitals

NHS England

Incentivising and supporting healthier behaviour. England has made significant strides in reducing smoking, but it still remains our number one killer. More than half of the inequality in life expectancy between social classes is now linked to higher smoking rates amongst poorer people. There are now over 3,000 alcohol-related admissions to A&E every day. Our young people have the highest consumption of sugary soft drinks in Europe. So for all of these major health risks – including tobacco, alcohol, junk food and excess sugar - we will actively support comprehensive, hard-hitting and broad-based national action to include clear information and labelling, targeted personal support and wider changes to distribution, marketing, pricing, and product formulation. We will also use the substantial combined purchasing power of the NHS to reinforce these measures.

1

IMPROVING THE QUALITY OF CARE AND ACCESS TO CANCER TREATMENT

2

UPGRADING THE QUALITY OF CARE AND ACCESS TO MENTAL HEALTH AND DEMENTIA SERVICES

3

TRANSFORMING CARE FOR PEOPLE WITH LEARNING DISABILITIES

4

TACKLING OBESITY AND PREVENTING DIABETES

5

STRENGTHENING PRIMARY CARE SERVICES

6

REDESIGNING URGENT AND EMERGENCY CARE SERVICES

7

PROVIDING TIMELY ACCESS TO HIGH QUALITY ELECTIVE CARE

8

ENSURING HIGH QUALITY AND AFFORDABLE SPECIALISED CARE

9

TRANSFORMING COMMISSIONING

10

CONTROLLING COSTS AND ENABLING CHANGE

WE HAVE 10 PRIORITIES FOR 2016/17

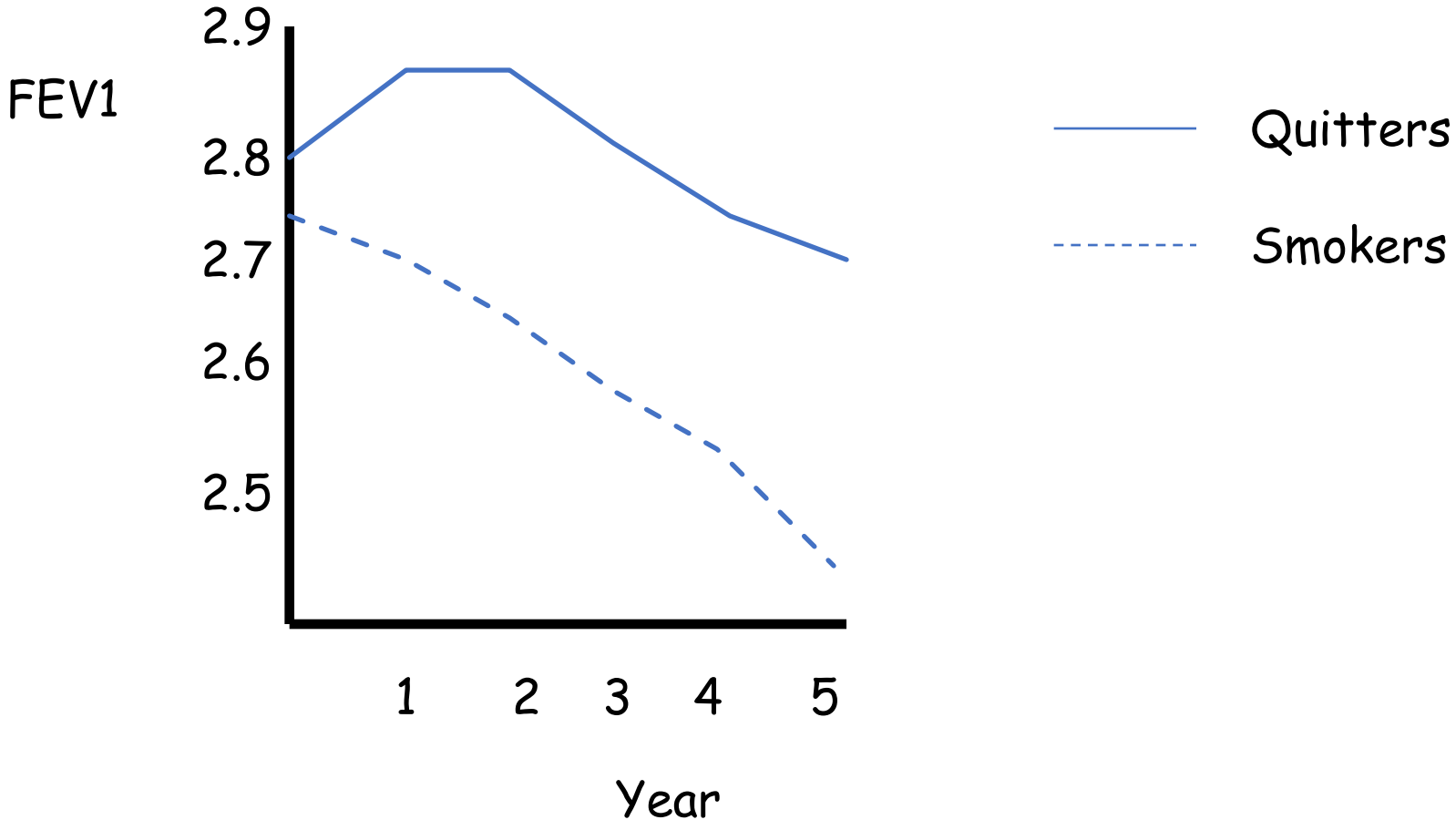
Our mission is to improve health and secure high quality healthcare for the people of England, now and for future generations.

Where does respiratory disease fit in the NHSE agenda?

- Local priorities
- New models of care and STP plans
- Population level commissioning
- Commissioning for value
- Prevention agenda (smoking, obesity, physical activity)
- Urgent and emergency care
- Mental Health

The effect of smoking cessation in COPD

(After the Lung Health Study , Antonisen JAMA 1994;272.1497)



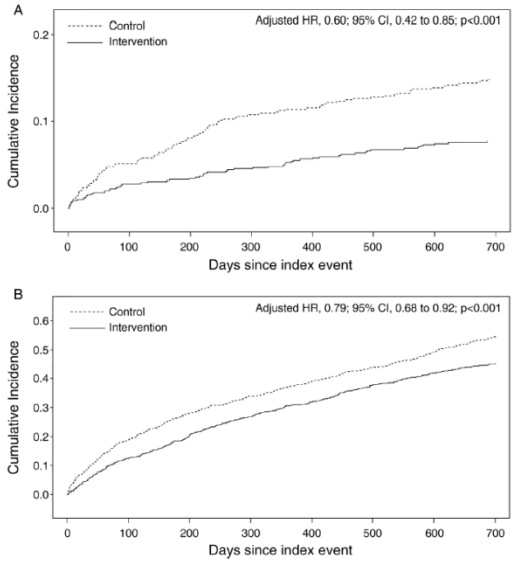
OPEN ACCESS

Effectiveness of a hospital-initiated smoking cessation programme: 2-year health and healthcare outcomes

Kerri A Mullen,[1] Douglas G Manuel,[2] Steven J Hawken,[2] Andrew L Pipe,[1] Douglas Coyle,[3] Laura A Hobler,[1] Jaime Younger,[2] George A Wells,[1] Robert D Reid[1]

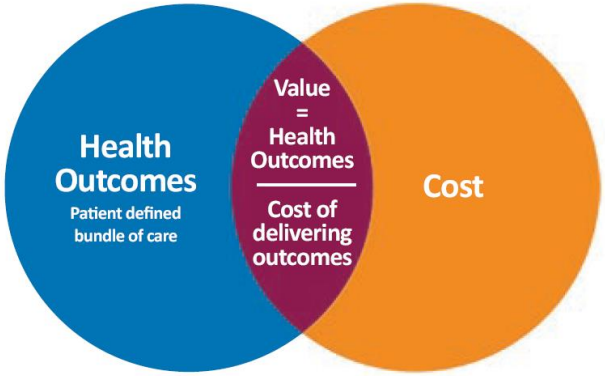
To cite: Mullen KA, Manuel DG, Hawken SJ, *et al*. *Tob Control* 2017;**26**:293–299.

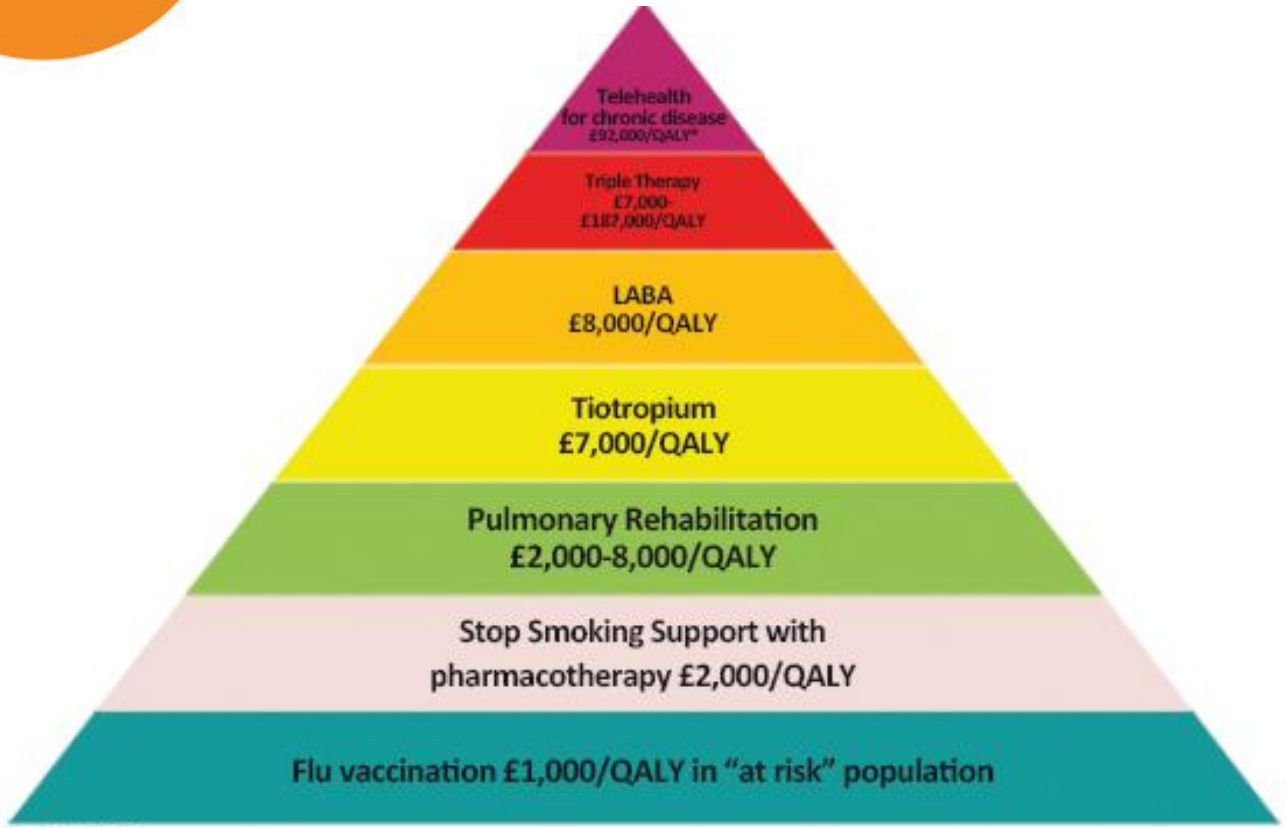
- Large sequential comparative study 726 vs 641) of inpatient smoking cessation vs control
- "Ottawa" model
- 2 year follow up
- Quit rates in subsets higher in the intervention arm (35% vs 20%)



Mortality 15% vs 8%

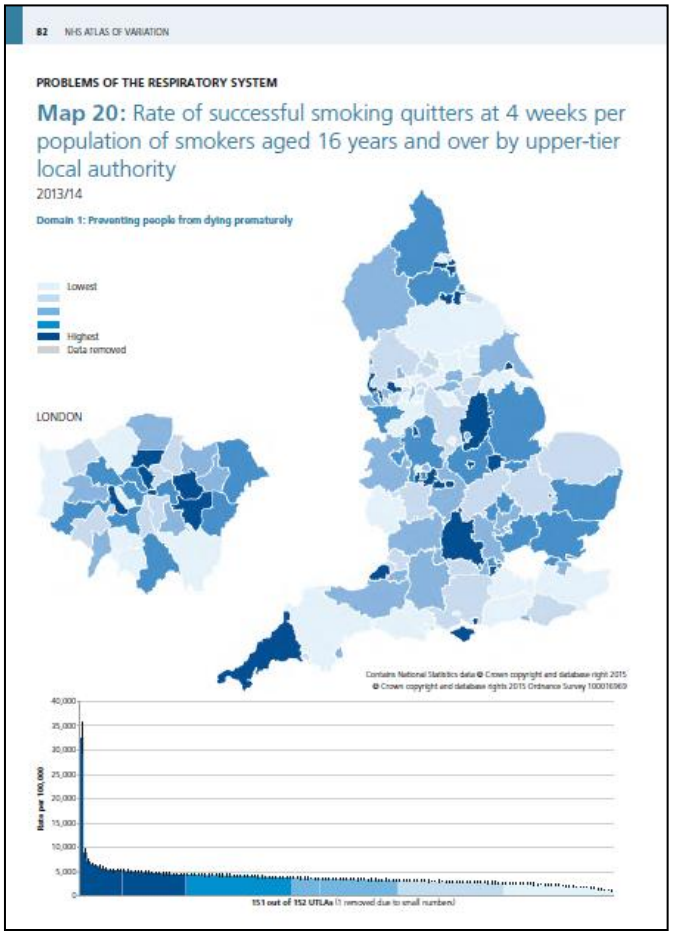
Rehospitalisation 45%vs 34%



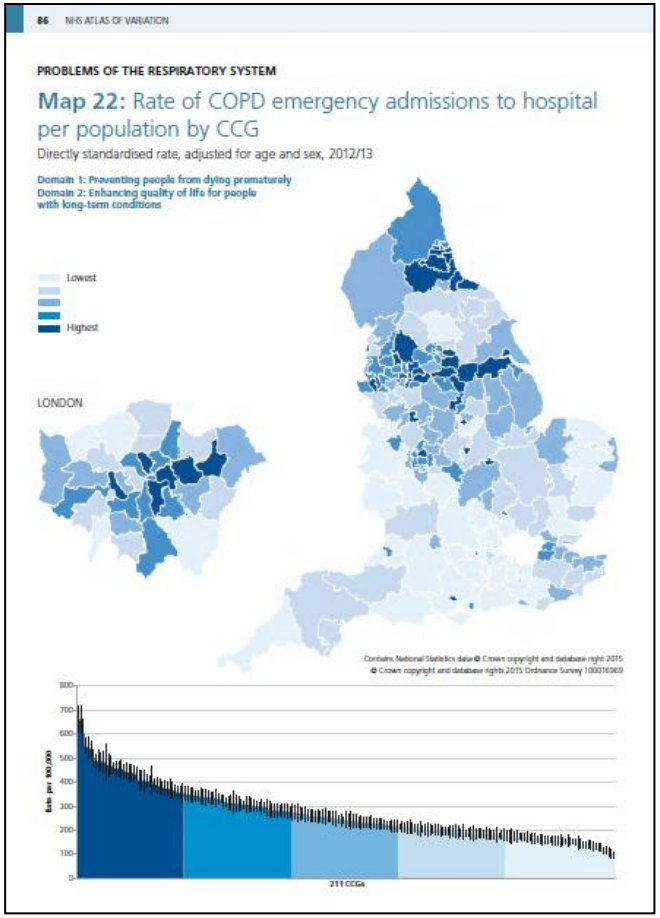


*(not specific to COPD)

[14] Henderson C et al. Cost effectiveness of telehealth for patients with long term conditions (Whole Systems Demonstrator telehealth questionnaire study): nested economic evaluation in a pragmatic, cluster randomised controlled trial. BMJ 2013;346:f2065 Accessed June 2013 from http://www.bmj.com/content/346/bmj.f2065



4x variation



4x variation

British Thoracic Society
Smoking Cessation Audit Report
Smoking cessation policy and practice in NHS hospitals
National Audit Period: 1 April – 31 May 2016

Key Findings

Only 1 in 13 patients who smoke were referred to a hospital or community-based smoking cessation service.

There was no consultant lead supporting a smoking cessation service in 3 out of 4 of hospitals; no dedicated hospital smoking cessation practitioner in half of hospitals; and there was reliable inpatient or outpatient access to hospital smoking cessation practitioners in only one third of hospitals.

Only 1 in 16 institutions completely enforce smoke-free grounds

More than 1 in 4 patients were not asked if they smoke. Nearly 3 out of 4 smokers were not asked if they would like to quit smoking.

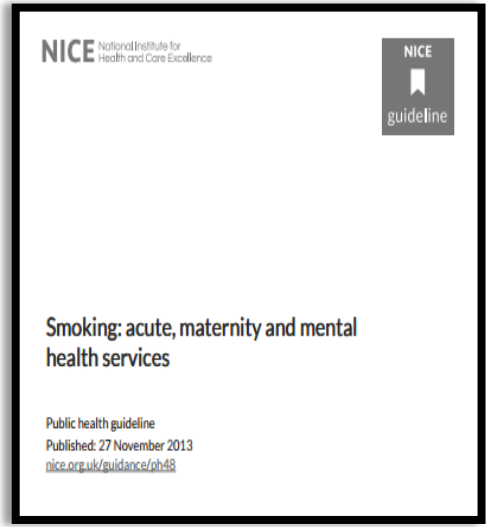
Only 20% of willing smokers were referred to a hospital stop smoking service and only 7% were referred to a community-based service – which are the services that treat tobacco dependence the most effectively.

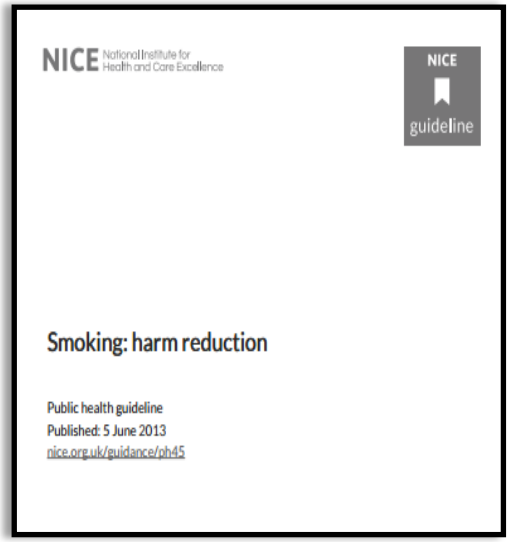
A formal referral pathway to refer to hospital or community-based smoking cessation services was only available in 54% and 62% of hospitals respectively.

50% of frontline healthcare staff were not offered regular smoking cessation training.

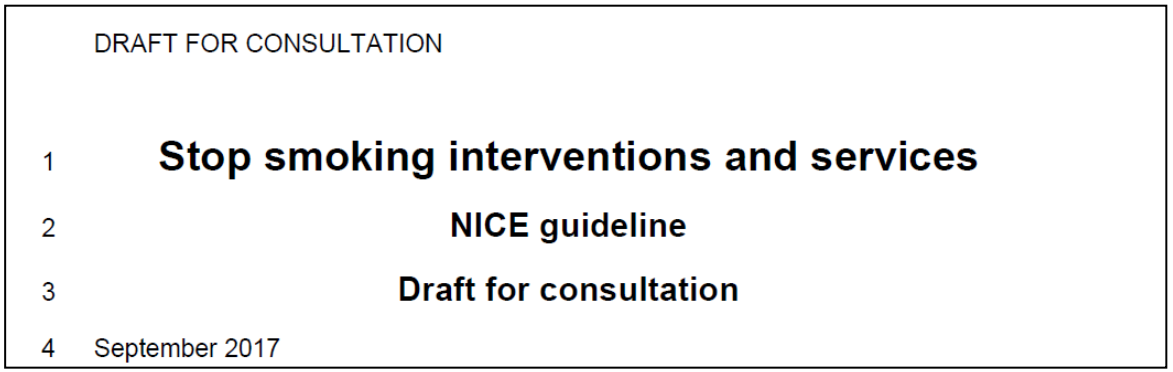
Tools for clinical improvement

Guidance


NICE National Institute for Health and Care Excellence
NICE
guideline
Smoking: acute, maternity and mental health services
Public health guideline
Published: 27 November 2013
nice.org.uk/guidance/ph48


NICE National Institute for Health and Care Excellence
NICE
guideline
Smoking: harm reduction
Public health guideline
Published: 5 June 2013
nice.org.uk/guidance/ph45


British Thoracic Society
British Thoracic Society Recommendations for Hospital Smoking Cessation Services for Commissioners and Health Care Professionals

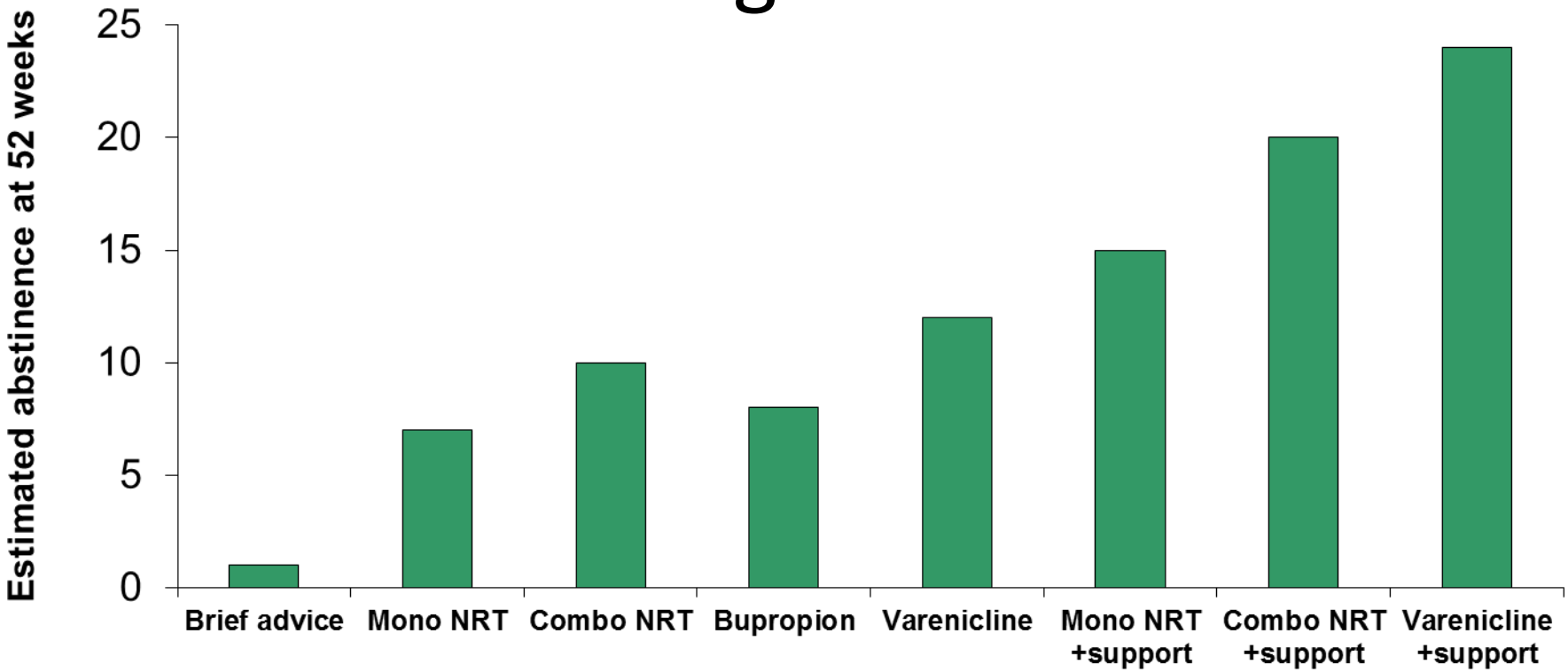

DRAFT FOR CONSULTATION
Stop smoking interventions and services
NICE guideline
Draft for consultation
September 2017

Summary

- Most smokers want to stop smoking but need help to do so
- All health professionals should
  - ASK: all patients if they smoke
  - ADVISE: the best way to stop
  - ACT: by providing referral to local stop smoking services and/or drug treatment
- Behavioural support and pharmacotherapy can increase the chances of successful quitting

British Thoracic Society

Effectiveness of smoking cessation



'Support' = specialist individual behavioural support

Reference: West R, Owen L (2012) Estimates of 52-week continuous abstinence rates following selected smoking cessation interventions in England. www.smokinginengland.info Version 2

Cash incentives ?

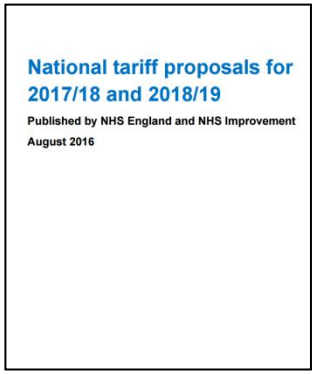
12% vs 2% at 12mths

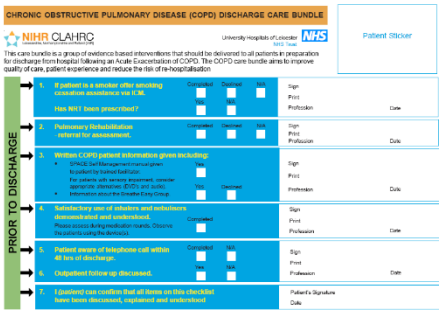
Effect of Patient Navigation and Financial Incentives on Smoking Cessation Among Primary Care Patients at an Urban Safety-Net HospitalA Randomized Clinical Trial
Karen E. Lasser, MD, MPH[1,2,3]; Lisa M. Quintiliani, PhD[1,2]; Ve Truong, BS[3]; et alZiming Xuan, ScD[2]; Jennifer Murillo, BA[3]; Cheryl Jean, MS[4]; Lori Pbert, PhD[5]

JAMA Intern Med. Published online October 30, 2017. doi:10.1001/jamainternmed.2017.4372

Smoking (SMOK)

Indicator	Points	Achievement thresholds
Records		
SMOK002. The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months *NICE 2011 menu ID: NM38*	25	50–90%
Ongoing management		
SMOK003. The contractor supports patients who smoke in stopping smoking by a strategy which includes providing literature and offering appropriate therapy	2	
SMOK004. The percentage of patients aged 15 or over who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 24 months *Based on NICE 2011 menu ID: NM40*	12	40–90%
SMOK005. The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses who are recorded as current smokers who have a record of an offer of support and treatment within the preceding 12 months *NICE 2011 menu ID: NM39*	25	56–96%

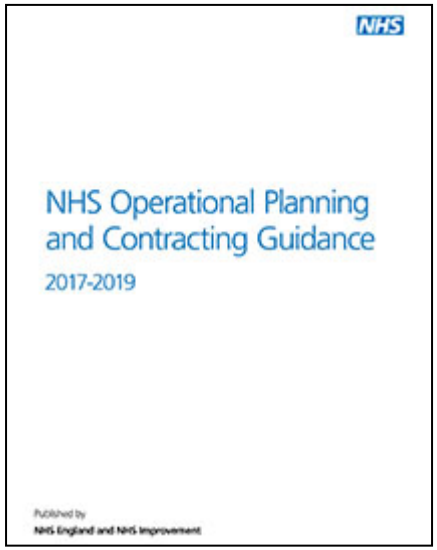




Best Practice Tariff for COPD

Patients with COPD exacerbation admitted to hospital should be:

- Referred to and seen by a member of the Respiratory Team within 24 hours of admission.
- Provided with the COPD discharge bundle on transition from hospital.



NHS England

9. Preventing ill health by risky behaviours – alcohol and tobacco

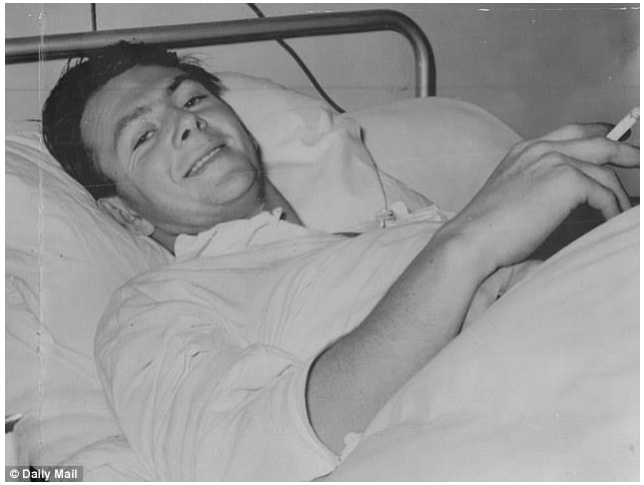
There are five parts to this CQUIN indicator.

National CQUIN	Indicator	Indicator weighting (% of CQUIN scheme available)
CQUIN 9 - Tobacco	9a Tobacco screening	5% of 0.25% (0.0125%)
	9b Tobacco brief advice	20% of 0.25% (0.05%)
	9c Tobacco referral and medication offer	25% of 0.25% (0.0625%)
CQUIN 9 – Alcohol	9d Alcohol screening	25% of 0.25% (0.0625%)
	9e Alcohol brief advice or referral	25% of 0.25% (0.0625%)

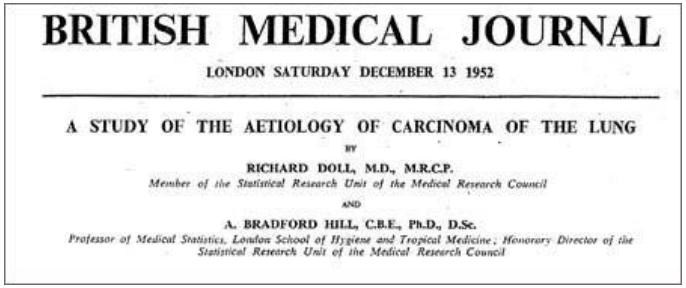
Description of indicator	Percentage of unique adult patients who are screened for smoking status AND whose results are recorded.

Description of indicator	Percentage of unique patients who smoke AND are given very brief advice

Description of indicator	Percentage of unique patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication.



www.england.nhs.uk



BRITISH MEDICAL JOURNAL

LONDON SATURDAY DECEMBER 13 1952

A STUDY OF THE AETIOLOGY OF CARCINOMA OF THE LUNG

BY

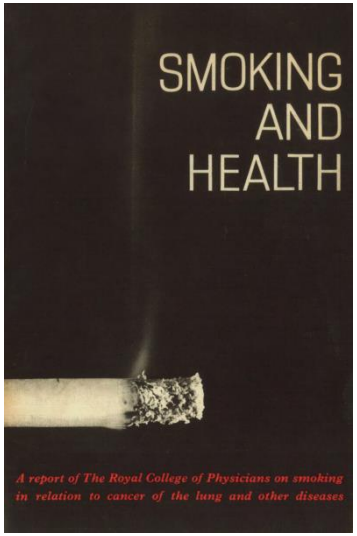
RICHARD DOLL, M.D., M.R.C.P.

Member of the Statistical Research Unit of the Medical Research Council

AND

A. BRADFORD HILL, C.B.E., Ph.D., D.Sc.

Professor of Medical Statistics, London School of Hygiene and Tropical Medicine; Honorary Director of the Statistical Research Unit of the Medical Research Council



1962

- 75% men, 50% women
- 50% doctors

- Smoking offers no benefits (Jean Nicot 1559)

- Harms
  - Lung cancer
  - COPD
  - TB
  - Cardiovascular disease

A tobacco-free NHS ambition means:

- Every frontline professional discussing smoking with their patients
- Stop smoking support offered on site or referrals to local services
- No smoking anywhere in NHS buildings or grounds

Public Health England

Protecting and improving the nation's health

Towards a Smokefree Generation: Making it Happen Here

Birmingham
3 November 2017

#SmokefreeGeneration

Public Health England

Protecting and improving the nation's health

Table discussion: Reducing smoking and health inequalities

Birmingham
3 November 2017

#SmokefreeGeneration

Public Health England

Table discussion

- What are you doing to as a local system to identify priority groups?
- Who are your partners, who do they need to be and what are the opportunities to engage them?
- What action can you take back into your local area?

Public Health England

Protecting and improving the nation's health

Towards a Smokefree Generation: Making it Happen Here

Birmingham
3 November 2017

#SmokefreeGeneration

Public Health England

Protecting and improving the nation's health

What works: models of commissioning

Professor Paul Aveyard, Behavioural Medicine, University of Oxford

Birmingham
3 November 2017

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NUFFIELD DEPARTMENT OF
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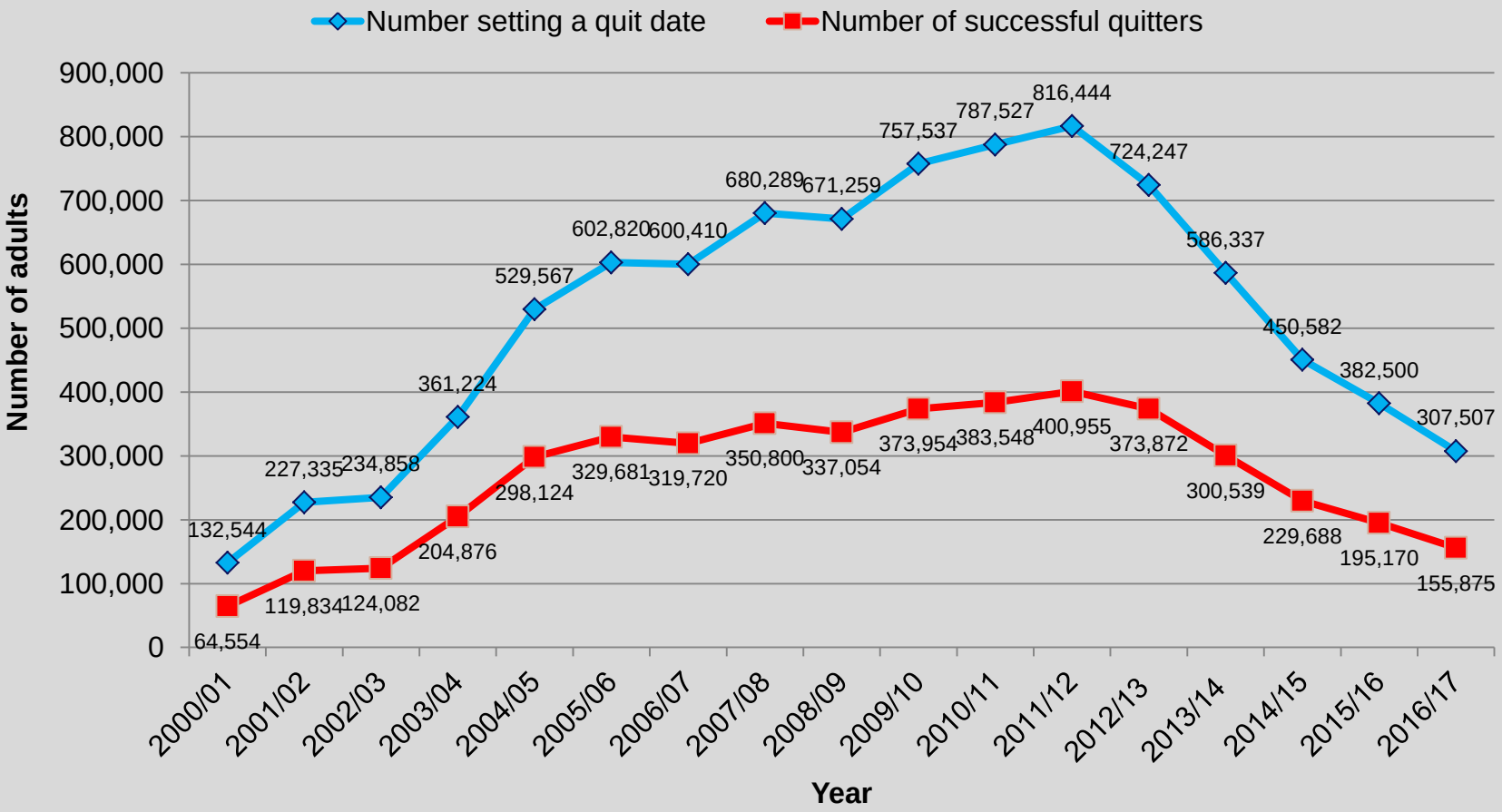
HEALTH SCIENCES

UNIVERSITY OF
OXFORD

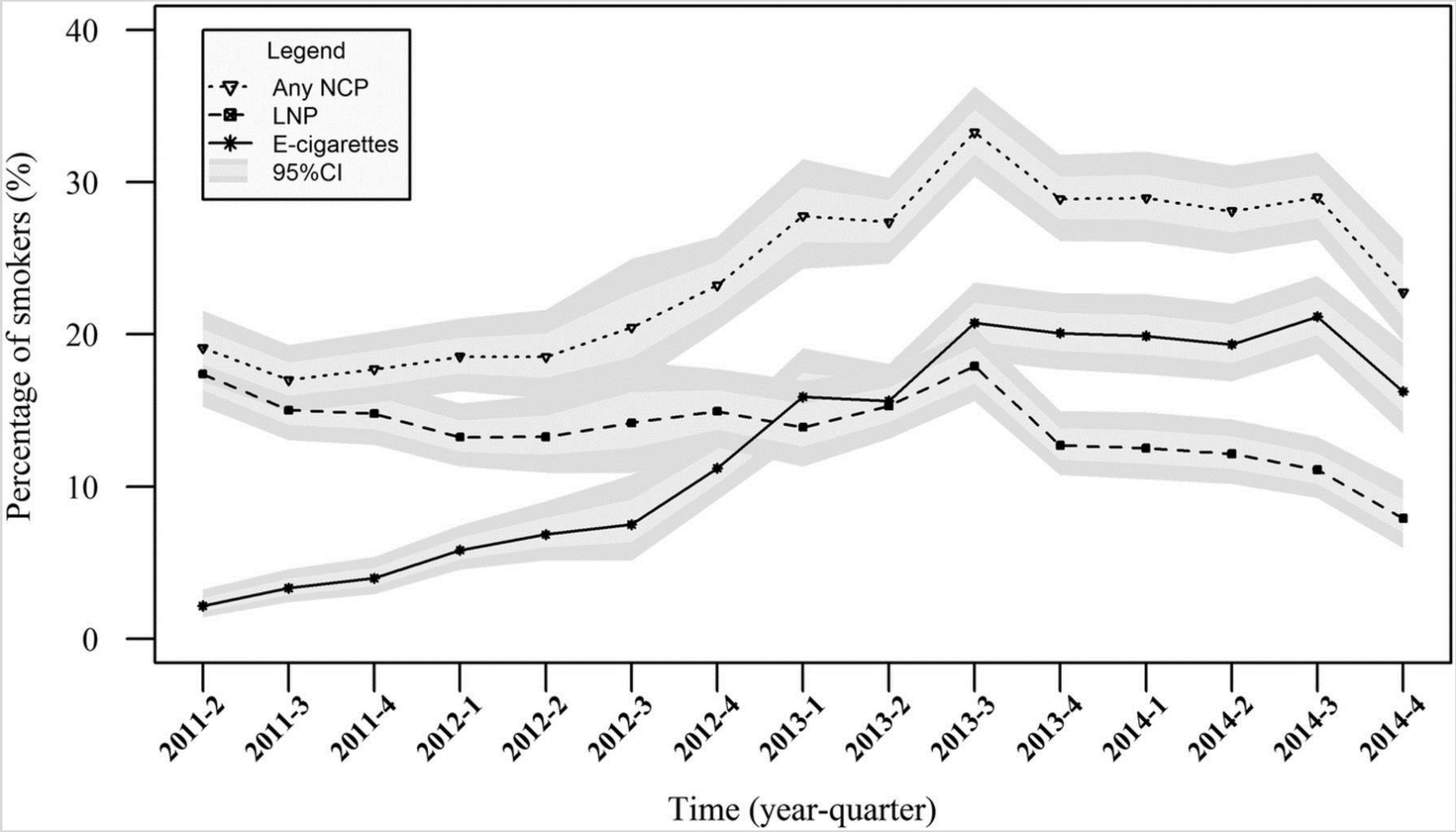
What works: models of commissioning

Paul Aveyard
Professor of behavioural medicine

Stop smoking services activity levels since 2000



The proportion of smokers using nicotine-containing products over time.



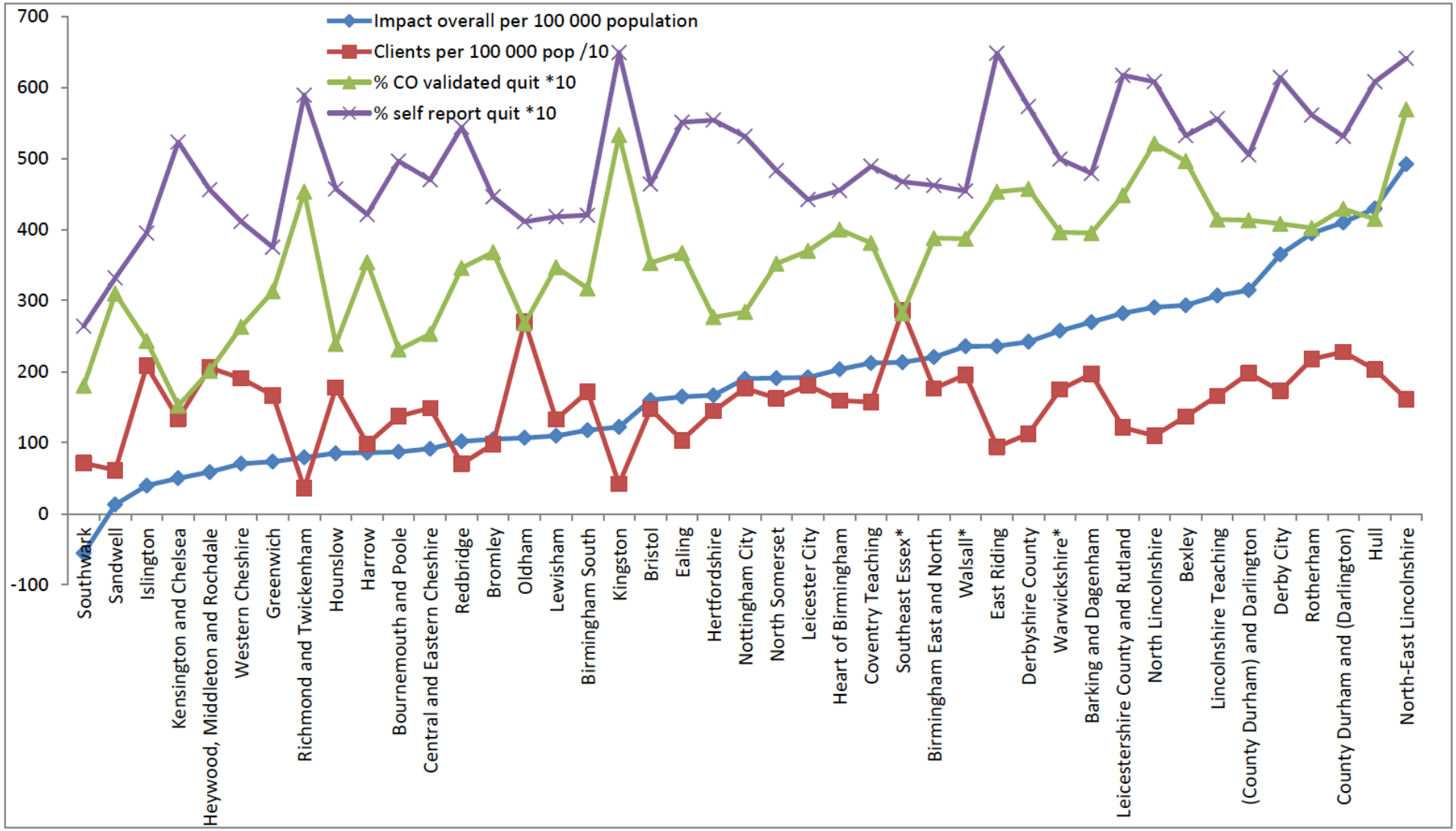
Emma Beard et al. Thorax doi:10.1136/thoraxjnl-2015-206801

Changes over the years

Trial	Number of people	Year	CO-confirmed abstinence at 4 weeks	CO-confirmed abstinence at 6 months	CO-confirmed abstinence at 12 months
PIP	925	2002-5	22%	10%	7%
SCANAG	901	2003-5	48%	14%	10%
PET	633	2007-9	47%	11%	Not assessed
RRT	697	2009-11	49%	22%	Not assessed
Preloading	1792	2012-15	34%	16%	13%

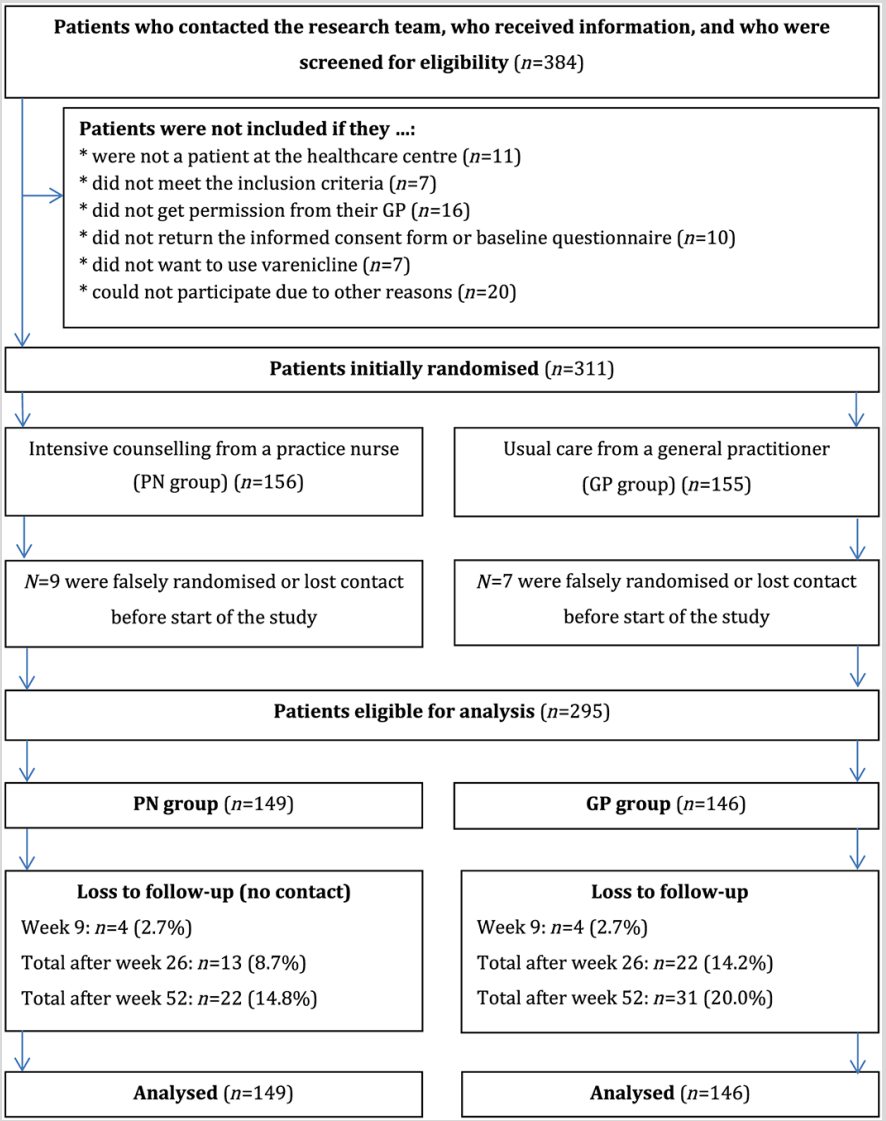
Introducing impact

- Impact= Reach * Quit rate -35% or -25%


Impact overall per 100 000 population
Clients per 100 000 pop /10
% CO validated quit *10
% self report quit *10
700
600
500
400
300
200
100
0
-100
Southwark
Sandwell
Islington
Kensington and Chelsea
Heywood, Middleton and Rochdale
Western Cheshire
Greenwich
Richmond and Twickenham
Hounslow
Harrow
Bournemouth and Poole
Central and Eastern Cheshire
Redbridge
Bromley
Oldham
Lewisham
Birmingham South
Kingston
Bristol
Ealing
Hertfordshire
Nottingham City
North Somerset
Leicester City
Heart of Birmingham
Coventry Teaching
Southeast Essex*
Birmingham East and North
Walsall*
East Riding
Derbyshire County
Warwickshire*
Barking and Dagenham
Leicestershire County and Rutland
North Lincolnshire
Bexley
Lincolnshire Teaching
(County Durham) and Darlington
Derby City
Rotherham
County Durham and (Darlington)
Hull
North-East Lincolnshire

WHAT WORKS WELL

Effectiveness of intensive practice nurse counselling versus brief general practitioner advice, both combined with varenicline, for smoking cessation: a randomized pragmatic trial in primary care



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Addiction
ADD-16-1243.R2, 4 AUG 2017 DOI: 10.1111/add.13927
http://onlinelibrary.wiley.com/doi/10.1111/add.13927/full#add13927-fig-0001

Abstinence

- 6 months prolonged abstinence
  - Nurse arm 32%
  - GP arm 39%

- 12 months prolonged abstinence
  - Nurse arm 26%
  - GP arm 29%

ELONS study

- 3057 participants from nine stop smoking services
- 41% CO-validated 4-week quit rate with another 12% reporting abstinence
- One of the main goals was to examine long-term abstinence

ELONS study 52-week prolonged abstinence rates

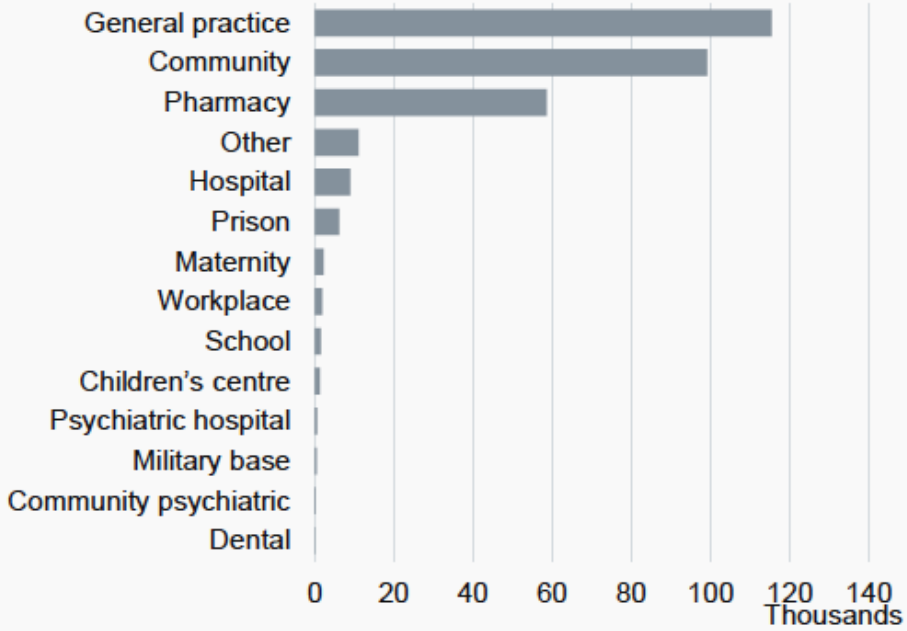
Specialist-group	12.1% (10.5-13.8)	RR 3.0
Specialist-drop-in	7.6% (5.1-11.0)	RR 1.6
Specialist-one-to-one	10.2% (7.6 to 13.7)	RR 2.2
GP or pharmacy	5.1% (2.8 to 9.3)	RR 1.0

Varenicline use	12.4%	RR 1.6
Not using varenicline	6.7%	RR 1.0

Service type

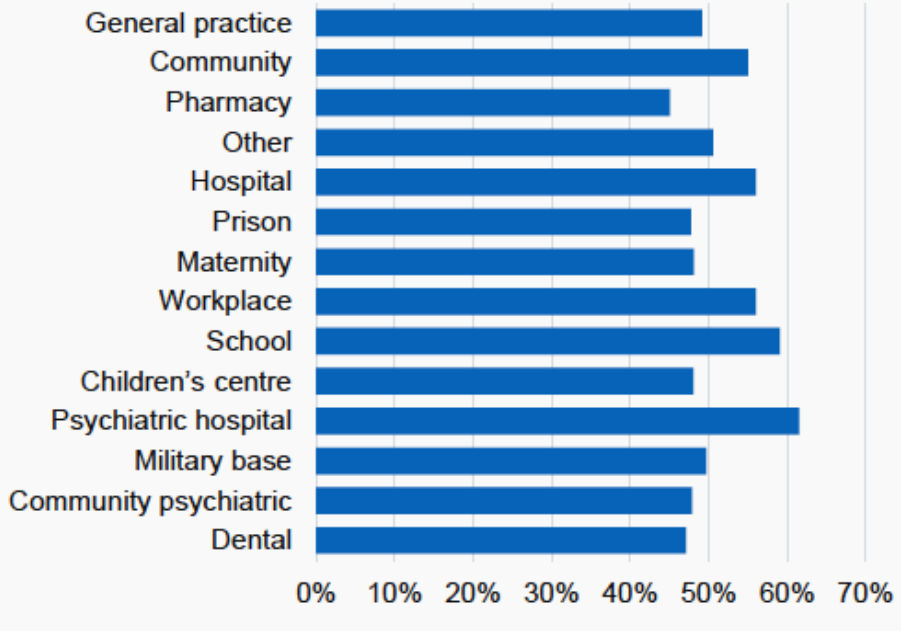
Number of quit attempts

'General practice' had the highest number of quit attempts (115,460).



Self-reported quit rate

'Psychiatric Hospital' had the highest quit rate (62%) and 'Pharmacy' the lowest (45%).

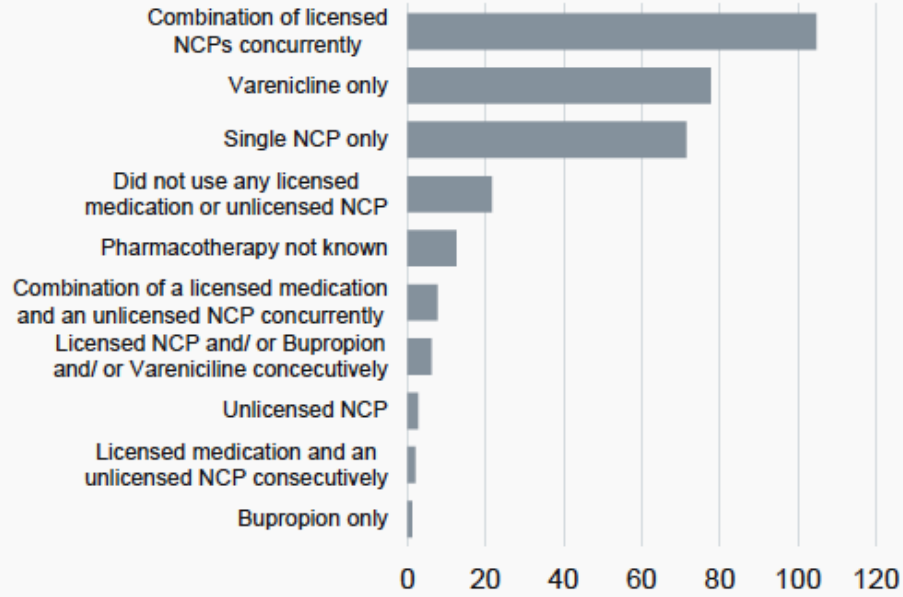


For more information: Table 4.1 of Statistics on NHS Stop Smoking Services in England, 2016/17

Medication

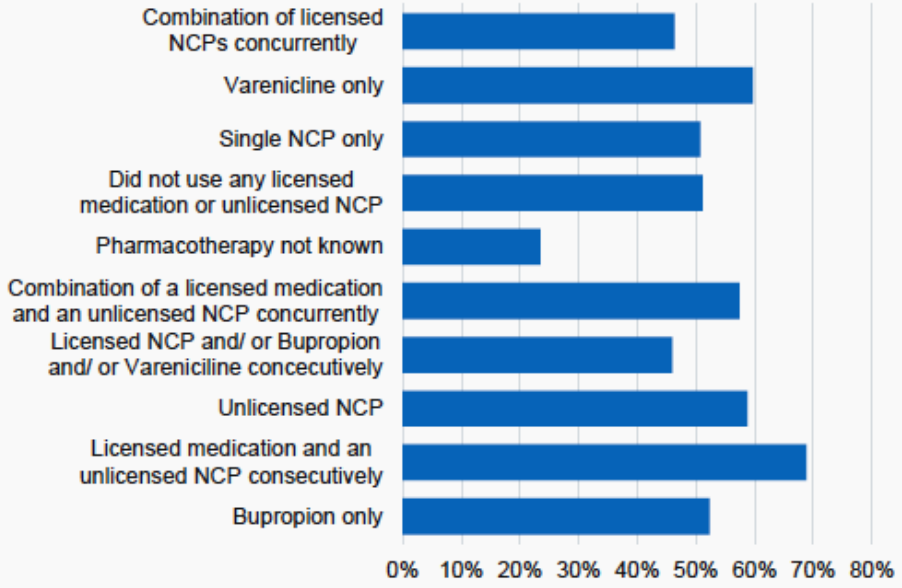
Number of quit attempts

'Combination of licensed NCPs[1] concurrently' had the highest number of quit attempts (104,666).



Self-reported quit rate

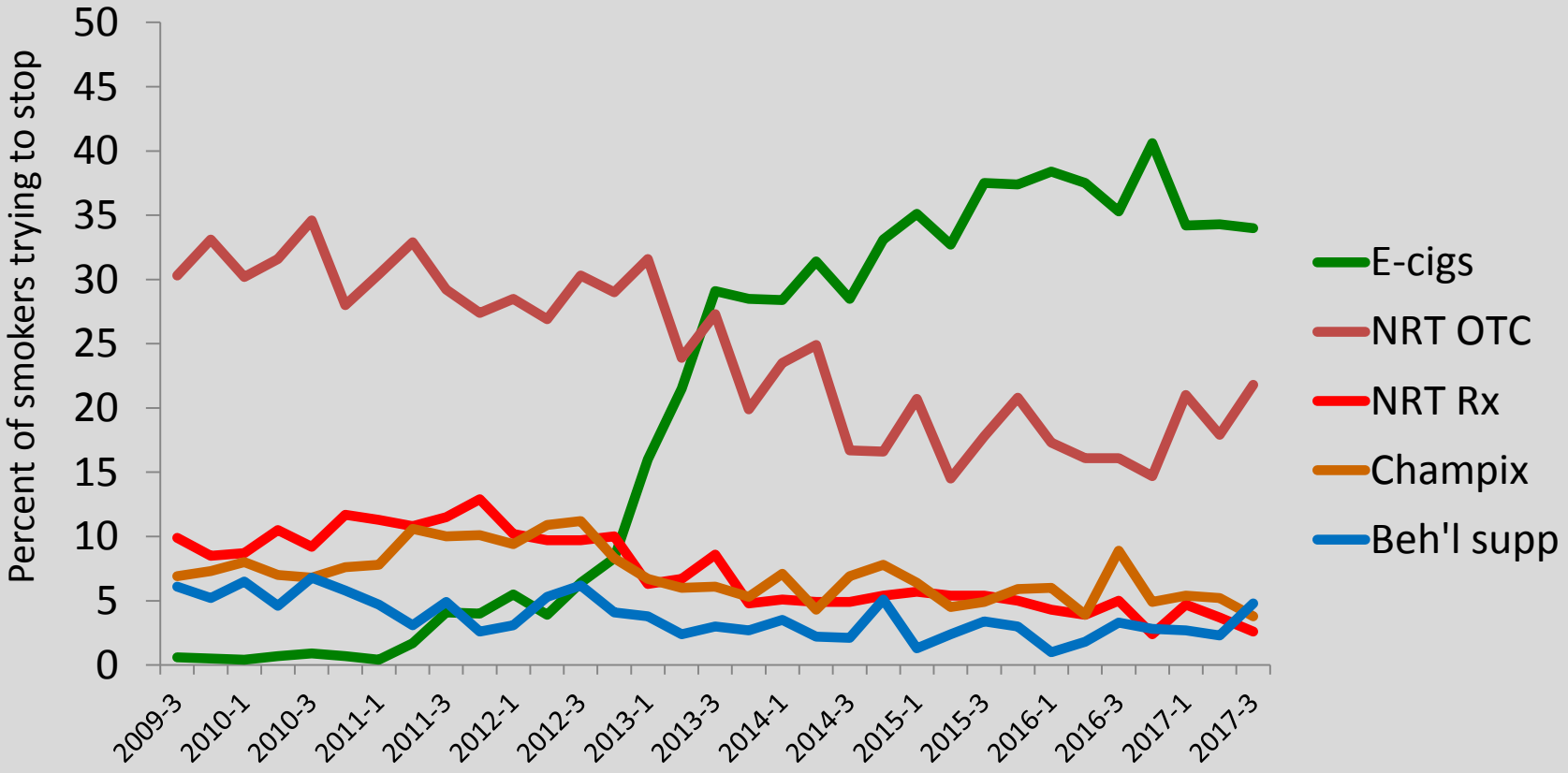
'Licensed medication and an unlicensed NCP[1] consecutively' had the highest quit rate (69%).



1) Nicotine Containing Product

For more information: Table 4.4 of Statistics on NHS Stop Smoking Services in England, 2016/17

Aids used in most recent quit attempt



N=13146 adults who smoke and tried to stop or who stopped in the past year; method is coded as any (not exclusive) use

About Cochrane

WHAT?

- Gathers and combines the best evidence from research to determine the benefits and risks of treatments/interventions

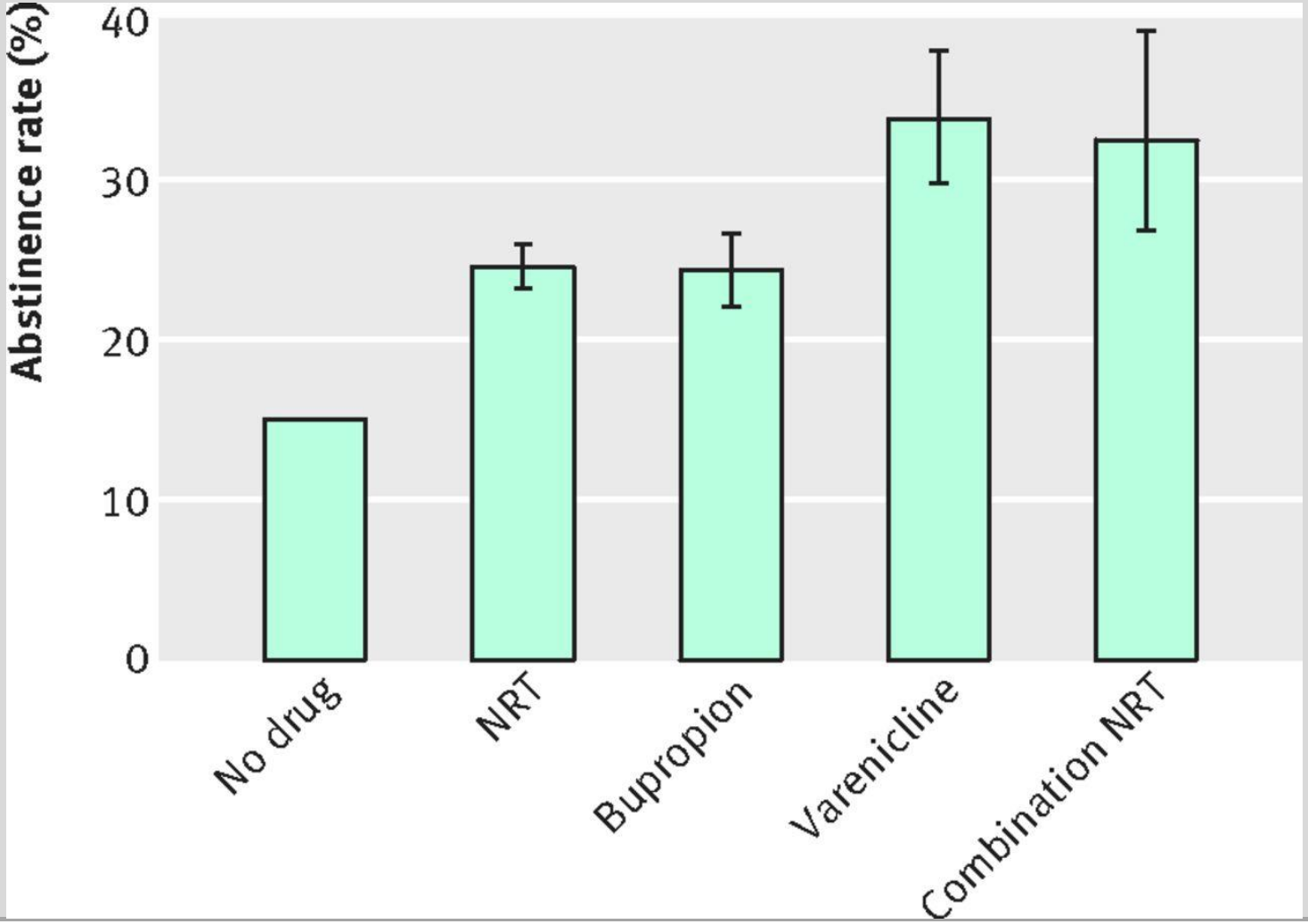
HOW?

- By systematically reviewing the available evidence, with strong emphasis on quality assessment

WHY?

- To help healthcare providers, patients, carers, researchers, funders, policy makers, guideline developers improve their knowledge and make decisions

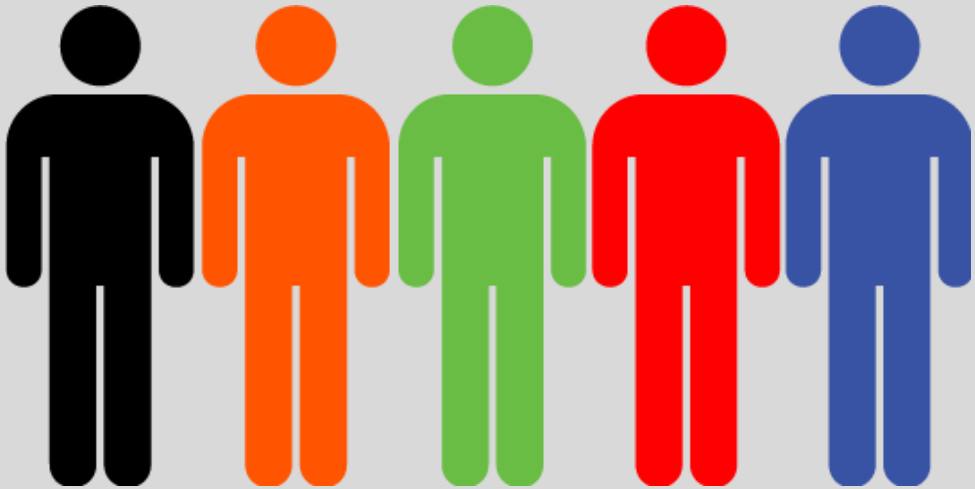
Absolute abstinence rates for smoking cessation drugs, based on data from network meta-analysis.6 In countries such as the United Kingdom, this might represent quit rates at the end of a 12 week course of drug in participants attending a low intensity behavioural support programme for first four weeks of a quit attempt.



Jamie Hartmann-Boyce, and Paul Aveyard BMJ 2016;352:bmj.i571

What about e-cigarettes?
Inclusion criteria: participants

- People defined as current smokers at enrolment into study, motivated or unmotivated to quit



Outcomes

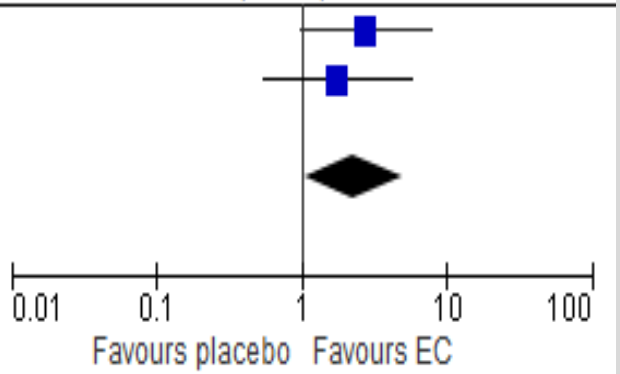
Cessation	Adverse events (AE)	Serious adverse events (SAE)	Changes in relevant biomarkers
• 6 months+ • Intention to treat • Strictest definition of abstinence • Biochemically verified where available • (as per standard Cochrane methods)	• One week or longer of EC use • Defined as any undesirable experience associated with the use of a medical product in a patient	• One week or longer of EC use • Any AE where the patient outcome is death; life-threatening; hospitalization; disability; birth defect; or requires intervention to prevent any of the above	• One week or longer of EC use • Known carcinogens • Exhaled carbon monoxide • Airway and lung function • Blood oxygen levels

Quitting at 6 months and longer, EC versus placebo

Study or Subgroup	Experimental Events	Experimental Total	Control Events	Control Total	Weight	Risk Ratio M-H, Fixed, 95% CI
Caponnetto 2013a	22	200	4	100	52.7%	2.75 [0.97, 7.76]
Bullen 2013	21	289	3	73	47.3%	1.77 [0.54, 5.77]
Total (95% CI)		**489**		**173**	**100.0%**	**2.29 [1.05, 4.96]**
Total events	43		7			

Heterogeneity: Chi² = 0.30, df = 1 (P = 0.58); I² = 0%

Test for overall effect: Z = 2.09 (P = 0.04)



Evidence of effectiveness

Rank	Component	Boosts quit rates by*…
1	**Face–to-face group support with pharmacotherapy**	300%
2	**Face-to-face individual support with pharmacotherapy**	200-300%
3	**Supported use of pharmacotherapy**	50-100%
4	**Telephone support**	50-100%
5	**Text message support**	40-80%
6	**Websites**	Unknown
7	**Mobile digital applications**	Unknown

* Quit rates boosted if intervention is run properly

PUTTING EVIDENCE INTO PRACTICE

What do we want to achieve?

- **Maximise the impact of stop smoking services**
- **Safeguard services and maintaining quality**
- **Increase awareness of stop smoking services**
- **Re-engage primary and secondary care**

TARGETING KEY GROUPS

Poorer people

- ELONS study

- Poorer people were nearly half as likely to succeed as richer people in any given quit attempt
- But most of this could be explained by
  - Age
  - Tobacco dependence
  - More people in family and friends smoking
  - Behavioural support type
  - Varenicline use

People with smoking-related illness

- Reduces the risk of recurrence of stroke and heart disease by at least a third
- Reduces the risk of recurrence of smoking-related cancer by 20%
- Stopping pre-operatively reduces the risks of complications by more than 50%

NEW SERVICE MODELS

Integrated services

- Integrated services versus dedicated stop smoking services.

Evidence on integrated services

- A recent systematic review concluded

  'Although on average smoking was reduced, it appeared changes in smoking were negatively associated with changes in other behaviours, suggesting it may not be optimal to target smoking simultaneously with other risk behaviours'

- NCSCT's review of the evidence

  'The evidence reviewed suggests that smoking should be targeted in isolation. In addition, it appears that smoking cessation interventions by themselves are more cost-effective than multiple risk behaviour interventions'

Multiple Risk Behavior Interventions: Meta-analyses of RCTs, Published on 5 March 2017. Meader, N.,King, K.,Wright, K.,Graham, H. M.,Petticrew, M.,Power, C.,White, M.,Sowden, A. J.Am J Prev Med,2017

Integrated health behaviour (lifestyle) services: a review of the evidence, August 2016, NCSCT

Innovation and evidence together

STOP SMOKING LONDON

TRY TO STOP HELP OTHERS ABOUT STOPPING

Ready to stop smoking?

Here are your choices...

Talking to a specialist

Increase your chances by **300%**

Using a stop smoking medicine

Increase your chances by **100%**

Going it alone

Increase your chances by **50%**

What it involves

A specialist advisor will provide you with free expert advice and guidance during the first few weeks of stopping.

He or she will also advise on what stop-smoking medicine is best for you.

You decide on a quit date, and plan a course of weekly appointments with the advisor.

Your benefits

Your chances of stopping smoking will increase by 300%.

The advisor will help you address any particular problems you are facing.

The medicine will reduce your cigarette cravings and nicotine withdrawal symptoms.

You will still need a lot of determination to succeed.

Your commitment

This option is not for everyone. You have to commit to attending your appointments for at least 4 weeks after your quit date.

If you just want to use a stop smoking medicine or to try to stop by yourself, there are other options you can try.

Increase your chances by 300%

Find your nearest advisor

Here are your choices...

Talking to a specialist

Using a stop smoking medicine

Going it alone

Increase your chances by 100%

Get advice on medicines

What it involves

The two main stop-smoking medicine s are Champix and NRT. In most parts of London you can get either of these from your GP or a pharmacist.

Champix is a tablet that you take for 12 weeks. It is non-addictive and very effective at controlling cravings.

NRT is Nicotine Replacement Therapy. These products all contain nicotine. They come in lots of forms such as skin patch, chewing gum and lozenge.

Your benefits

Your chances of stopping smoking will increase by 100%.

Your cigarette cravings and withdrawal symptoms will be reduced.

You will find it easier to get on with your life without constantly thinking about smoking.

Your commitment

These medicines only work if you use them properly and follow the full course.

You may need to make an appointment to see your GP or a pharmacist to get a prescription and will need to have at least one other appointment for a follow up.

Here are your choices...

Talking to a specialist | Using a stop smoking medicine | Going it alone

Increase your chances by 50% **Get started**

What it involves

If you are going it alone you will want to make sure you are giving yourself the best possible chance of success.

Stop Smoking London can help you with this by giving you the information and advice you need, and pointing you to resources that you can use if things get tough.

Your benefits

Using Stop Smoking London to guide you can increase your chances of stopping by up to 50%.

You can always talk to one of our telephone advisors if things get tough.

Your commitment

You set a quit date (it could be today), and then do everything you can to avoid even a single puff on a cigarette.

You come back to Stop Smoking London for advice and information when you need it.

Increase your chances by 50% **Get started**

News ▸ Greater Manchester News

Pregnant women could be offered up to £300 in shopping vouchers if they quit smoking

Mums-to-be in Greater Manchester are being offered shopping vouchers as a reward for quitting smoking during their pregnancies

3720 SHARES | 39 COMMENTS

Katherine Bainbridge

06:00, 28 JUL 2017 | **UPDATED** 09:59, 28 JUL 2017

NEWS

▸ Enter your **postcode to see news** and **information** near you

Community updates, Crime Statistics, Local News & Events and much more...

Enter your postcode | Go

RECOMMENDED

Newcastle University

Double or Quits:

Helping stop mums-to-be smoking

In 2009/2010, **over 1 out of 5** women in the North East **smoked throughout pregnancy**

Risk of

Restricts essential oxygen supply to babies

Babies with smoking mothers

By **2016**, smoking rates among pregnant women had fallen by nearly **a third**

Within **37K** pregnancies, babyClear **doubled** the chances of women quitting smoking

thebmj

CrossMark
click for updates

BMJ 2015;350:h134 doi: 10.1136/bmj.h134 (Published 27 January 2015)

RESEARCH

Financial incentives for smoking cessation in pregnancy: randomised controlled trial

David Tappin *professor*[1], Linda Bauld *professor*[2], David Purves *research fellow*[3], Kathleen Boyd *lecturer*[4], Lesley Sinclair *trial manager*[2], Susan MacAskill *research fellow*[2], Jennifer McKell *research fellow*[2], Brenda Friel *health improvement senior*[5], Alex McConnachie *senior lecturer*[6], Linda de Caestecker *director of public health*[5], Carol Tannahill *director*[7], Andrew Radley *consultant in public health* [8], Tim Coleman *professor*[9], for the Cessation in Pregnancy Incentives Trial (CPIT) Team

[1]PEACH Unit, Child Health, Glasgow University, Yorkhill, Glasgow G3 8SJ, UK; [2]Institute for Social Marketing and UK Centre for Tobacco and Alcohol Studies, University of Stirling, Stirling, UK; [3]Strathclyde University, Glasgow, UK; [4]Health Economics and Health Technology Assessment Unit, Institute of Health and Wellbeing, Glasgow University, Glasgow, UK; [5]Public Health, NHS Greater Glasgow and Clyde, Glasgow, UK; [6]Robertson Centre for Biostatistics and Glasgow Clinical Trials Unit, Glasgow University, Glasgow, UK; [7]Glasgow Centre for Population Health, Glasgow, UK; [8]Directorate of Public Health, NHS Tayside, Dundee, UK; [9]Division of Primary Care and, UK Centre for Tobacco and Alcohol Studies, University of Nottingham, Nottingham, UK

Conclusions

- We have a very strong evidence base for smoking cessation interventions
- Top bets are specialist support and varenicline- both likely to add impact
- E-cigarettes are not miracle cures, but they are a genuinely popular smoking cessation aid and appear to function much as we would expect
- In delivering services and trying new configurations we might
  - Focus on key groups where there are pressing social justice needs or return on investment
  - Not lose sight of high reach low-intensity very brief advice and medication
  - Consider specialist smoking cessation

Public Health England

Protecting and improving the nation's health

Towards a Smokefree Generation: Making it Happen Here

Birmingham
3 November 2017

#SmokefreeGeneration

Public Health England

Protecting and improving the nation's health

CLeaR: a model for self-assessment

Diane Lee, Head of Public Health, Barnsley Metropolitan Borough Council

Birmingham
3 November 2017

#SmokefreeGeneration

CLeaR: a model for self-assessment

Diane Lee
Head of Public Health
Barnsley Metropolitan Borough Council

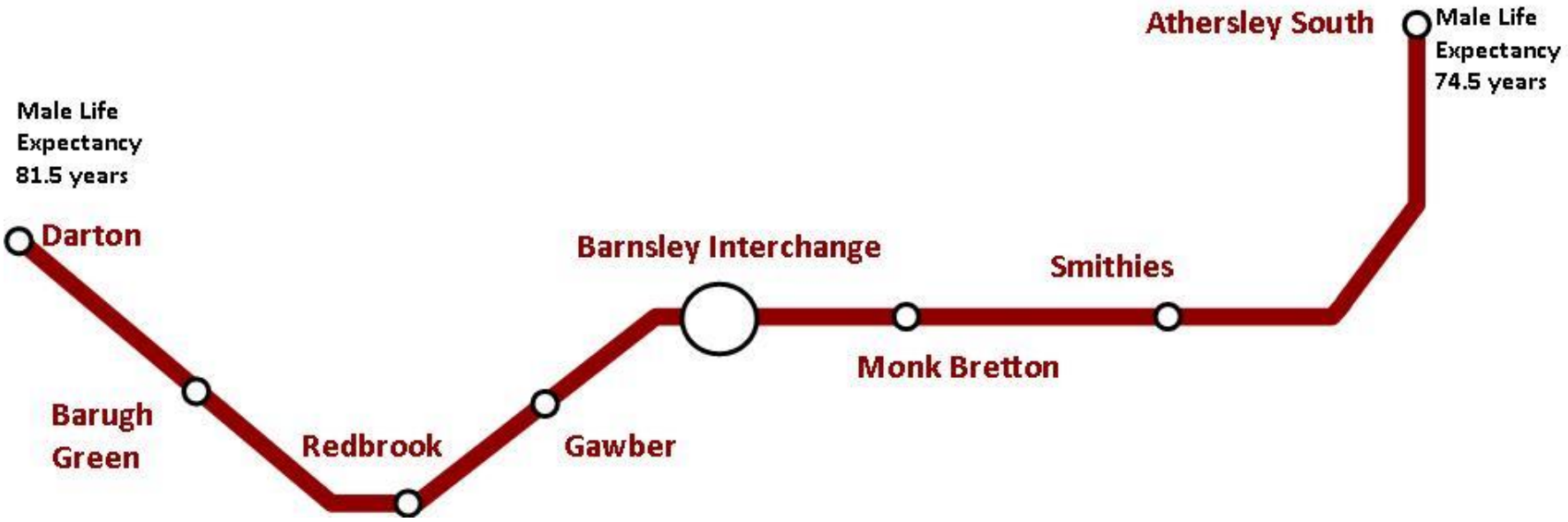
BARNSLEY
Metropolitan Borough Council

Differences in Male Life Expectancy within Barnsley (2009-2013)

The bus journey of inequality

Travelling 3.5 miles on bus service number 95 to Darton West from Barnsley, means you gain 3.4 years

Travelling 2.5 miles on bus service number 34 to St Helens from Barnsley, means you lose 3.6 years



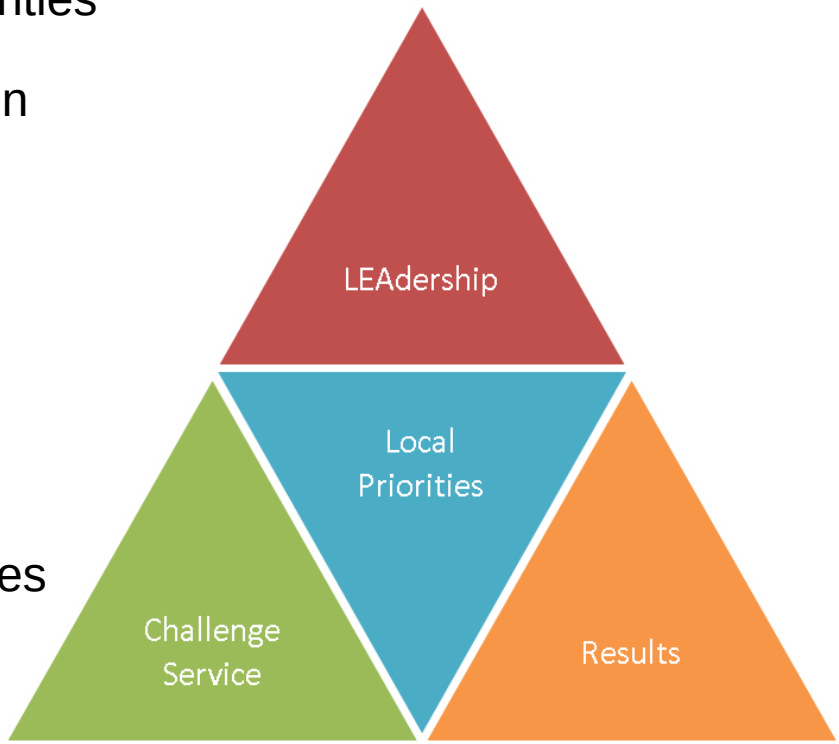
Research & Business Intelligence Team
(Research&BusinessIntelligenceTeam@barnsley.gov.uk)

BARNSLEY
Metropolitan Borough Council

CLeaR: Supporting local improvement

i. **C**hallenging services – local innovation and learning
ii. **Lea**dership – local vision, planning and commissioning and partnerships
iii. **R**esults – local outcomes and local priorities

- Self-assessment process, with the option for an expert, external peer review
- Draws on the Tobacco Control Plan for England & NICE Guidance
- Designed for use by local authorities as well as tobacco control alliances and key partners
- Grounded in local priorities and objectives
- A diagnostic tool, signposting other helpful tools and resources



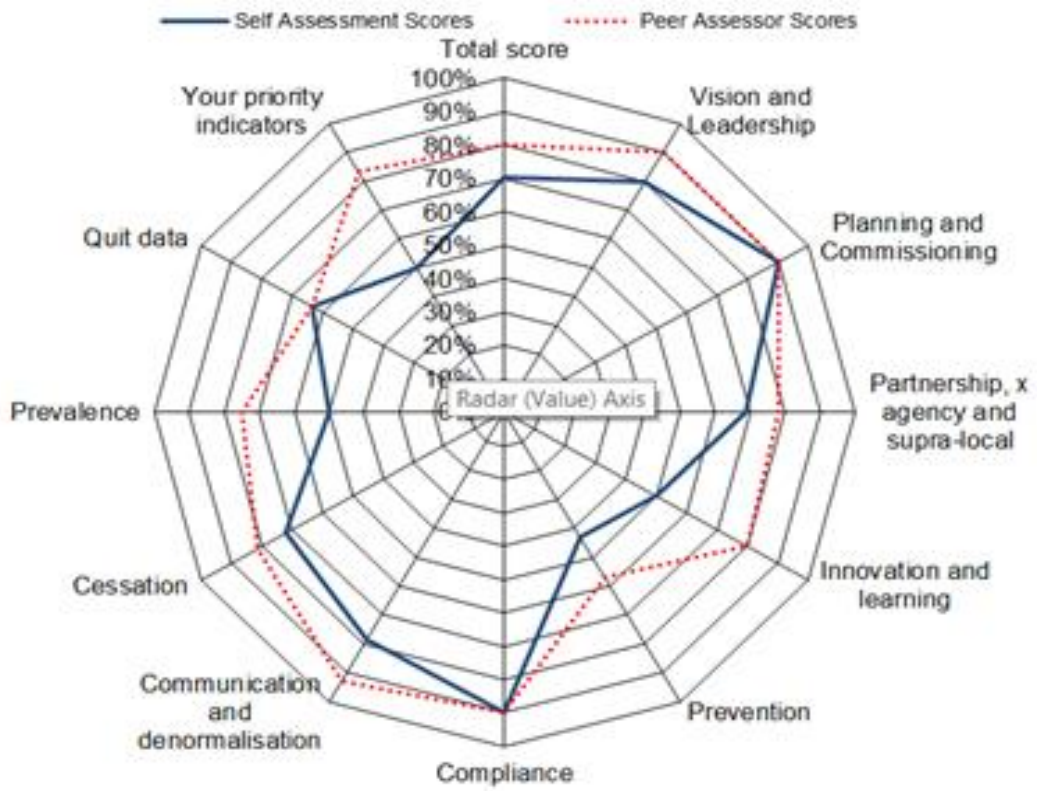
Self-assessment and peer review

- The CLeaR improvement self-assessment tool is freely available online.
- Process is typically led by the local tobacco control lead, bringing together a broad range of partners involved in the local tobacco control agenda.
- In support of the self-assessment, PHE can provide an “enhanced offer” of a half-day workshop with all key local partners to facilitate the process.
- Administered by PHE, linking experts in the field (peer assessors) with the local tobacco control lead.
- The locality`s self-assessment scores and related evidence can be reviewed by an external team ahead of a face to face visit.
- One day on-site visit – workshop or individual/panel interview format.
- Initial feedback provided at the end of the day, and a full written report supplied within three weeks.

CLeaR Domain 2017	Maximum score available	Self-assessment score	CLeaR peer assessment score
Challenge services	112	79	90 (81%) ↑
Leadership	72	56	61 (85%) ↑
Results	40	23	28 (70%) ↑

CLeaR Domain 2013	Maximum score available	Self-assessment score	CLeaR peer assessment score
Challenge services	78	28	36 (46%)
Leadership	60	14	15 (25%)
Results	28	11	16 (57%)

Barnsley has seen significant improvement across all domains. In 2013 we achieved 40% of the total points available increasing to 70% of the total points available in 2017.



CLeaR 2.0

- Over the last year, PHE has consulted widely on how CLeaR could be made even more relevant to the local system.
- As a result of this feedback, PHE has updated the CLeaR tobacco control tools that are available online. These updates reflect:
  - Changes in the public health landscape
  - Demand for a shorter self-assessment process, whilst still covering the same breadth of issues
  - Latest priorities within the new national tobacco control plan
  - New and updated NICE guidance
  - More topic-specific self-assessment tools

CLeaR 2.0

- PHE has today published the following new/updated resources:
  i. Revised CLeaR improvement self-assessment tool
  ii. Updated self-assessment handbook
  iii. New “deep-dive” self-assessment tools on these specific topics:
    - Smoking and pregnancy
    - Smoking and mental health settings
    - Smoking and acute/maternity settings
    - A deep-dive tool on tackling illegal tobacco and compliance will be available by end of the year
- The deep-dives follow a similar format to the original CLeaR tool and should complement this, whilst providing a more in-depth look at these issues.

Barnsley's #Smokefree Generation

BREATHE 2025

BARNSLEY Metropolitan Borough Council

BARNSLEY Metropolitan Borough Council

Public Health England

Protecting and improving the nation's health

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Birmingham
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Protecting and improving the nation's health

Panel discussion: Evidence-based and cost effective services

Birmingham
3 November 2017

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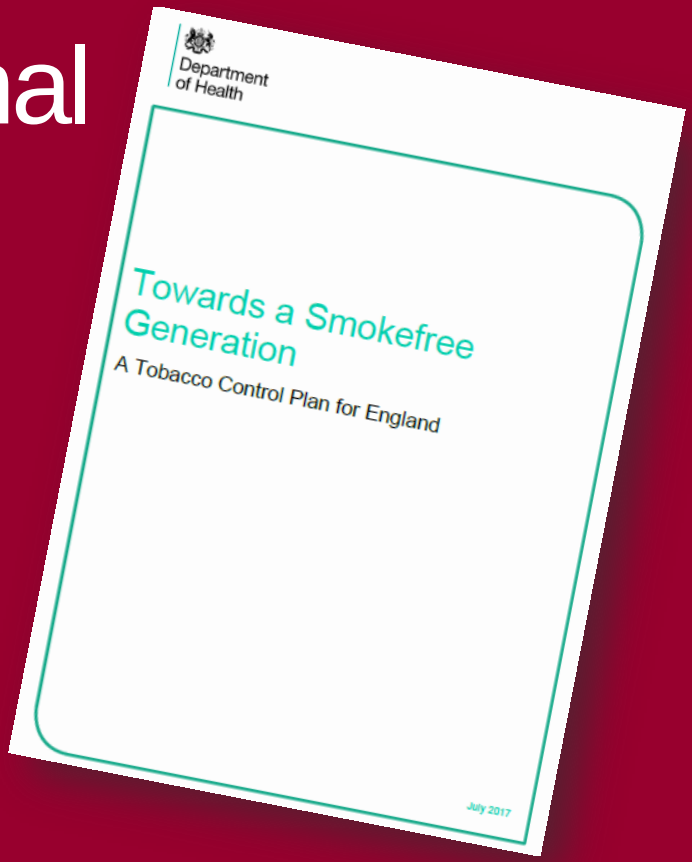
Public Health England

Implementing the Tobacco Control Plan for England: National Supporting Local

Martin Dockrell, Tobacco Control Programme Lead, Public Health England

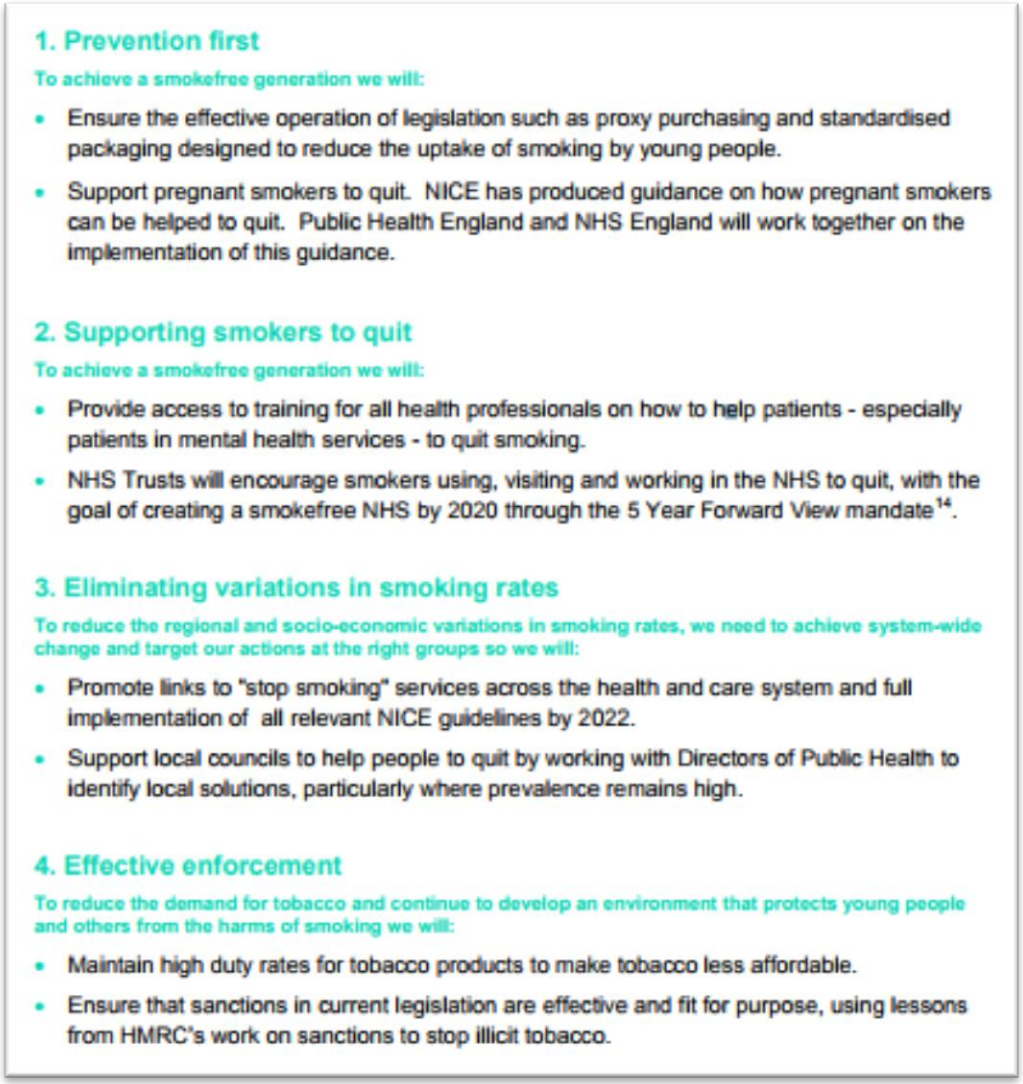


#SmokefreeGeneration

Public Health England

A call to action

- To achieve the ambitions, the new tobacco control plan is targeted around four main themes, with a range of commitments and actions for each.
- It sets out the roles of PHE and NHS England in providing **national leadership**, and the need for close partnership working across **local healthcare systems** to deliver **targeted, evidence-based interventions** to support smokers to quit.



1. Prevention first

To achieve a smokefree generation we will:

- Ensure the effective operation of legislation such as proxy purchasing and standardised packaging designed to reduce the uptake of smoking by young people.
- Support pregnant smokers to quit. NICE has produced guidance on how pregnant smokers can be helped to quit. Public Health England and NHS England will work together on the implementation of this guidance.

2. Supporting smokers to quit

To achieve a smokefree generation we will:

- Provide access to training for all health professionals on how to help patients - especially patients in mental health services - to quit smoking.
- NHS Trusts will encourage smokers using, visiting and working in the NHS to quit, with the goal of creating a smokefree NHS by 2020 through the 5 Year Forward View mandate[14].

3. Eliminating variations in smoking rates

To reduce the regional and socio-economic variations in smoking rates, we need to achieve system-wide change and target our actions at the right groups so we will:

- Promote links to "stop smoking" services across the health and care system and full implementation of all relevant NICE guidelines by 2022.
- Support local councils to help people to quit by working with Directors of Public Health to identify local solutions, particularly where prevalence remains high.

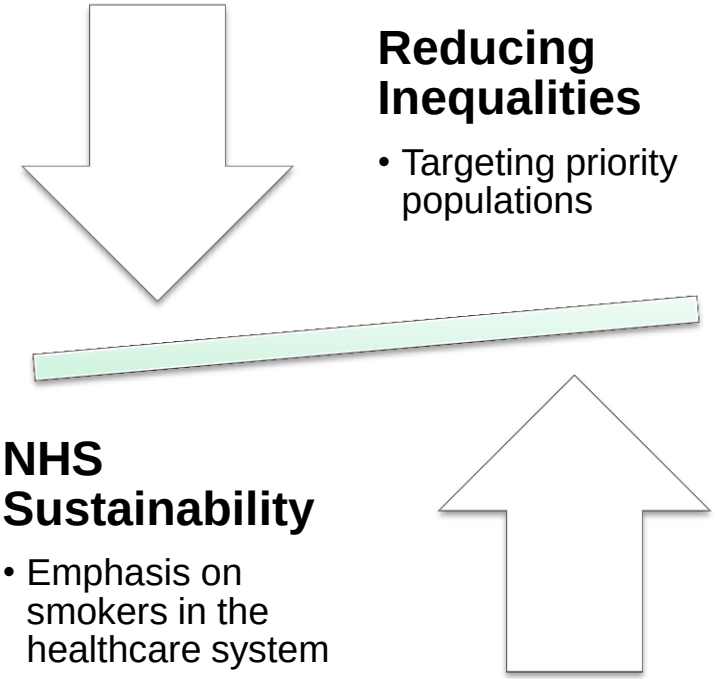
4. Effective enforcement

To reduce the demand for tobacco and continue to develop an environment that protects young people and others from the harms of smoking we will:

- Maintain high duty rates for tobacco products to make tobacco less affordable.
- Ensure that sanctions in current legislation are effective and fit for purpose, using lessons from HMRC's work on sanctions to stop illicit tobacco.

Public Health England

Golden Threads…



Reducing Inequalities

- Targeting priority populations

NHS Sustainability

- Emphasis on smokers in the healthcare system

A whole system approach

Develop all opportunities within the health and care system to reach out to the large number of smokers engaged with healthcare services on a daily basis.

Helping smokers to quit is the job of the whole health and care system. As smokers experience a greater incidence of poor health and disease, the health system will already be regularly engaging with them. We must exploit these opportunities and make every contact count.

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PHE's action so far

- Menu of Preventable Interventions
- Commissioning Support Packs (JSNA resources)
- Models of Local SSS Delivery Report
- Local Tobacco Control Profiles
- CLeaR Improvement model (incl. Deep Dives)
- Leading Change Adding Value
- CQUIN Risky Behaviours
- Right Care PDA
- Evidence and resources on e-cigarettes
- Survey of Mental Health trusts
- Better Mental Health Data?
- Smokefree NHS?

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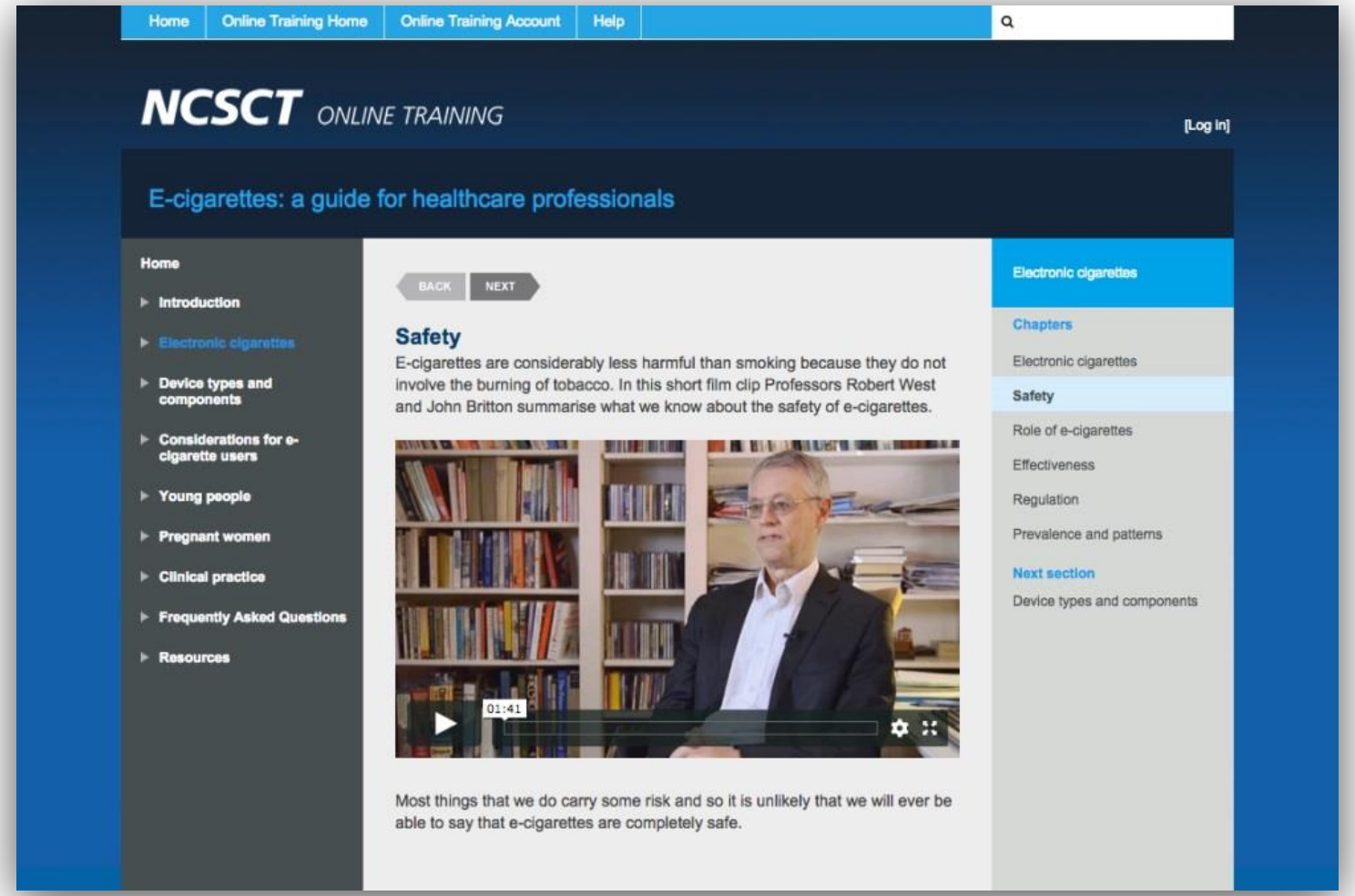
Coming Soon:
New NCSCT module on e-cigarettes



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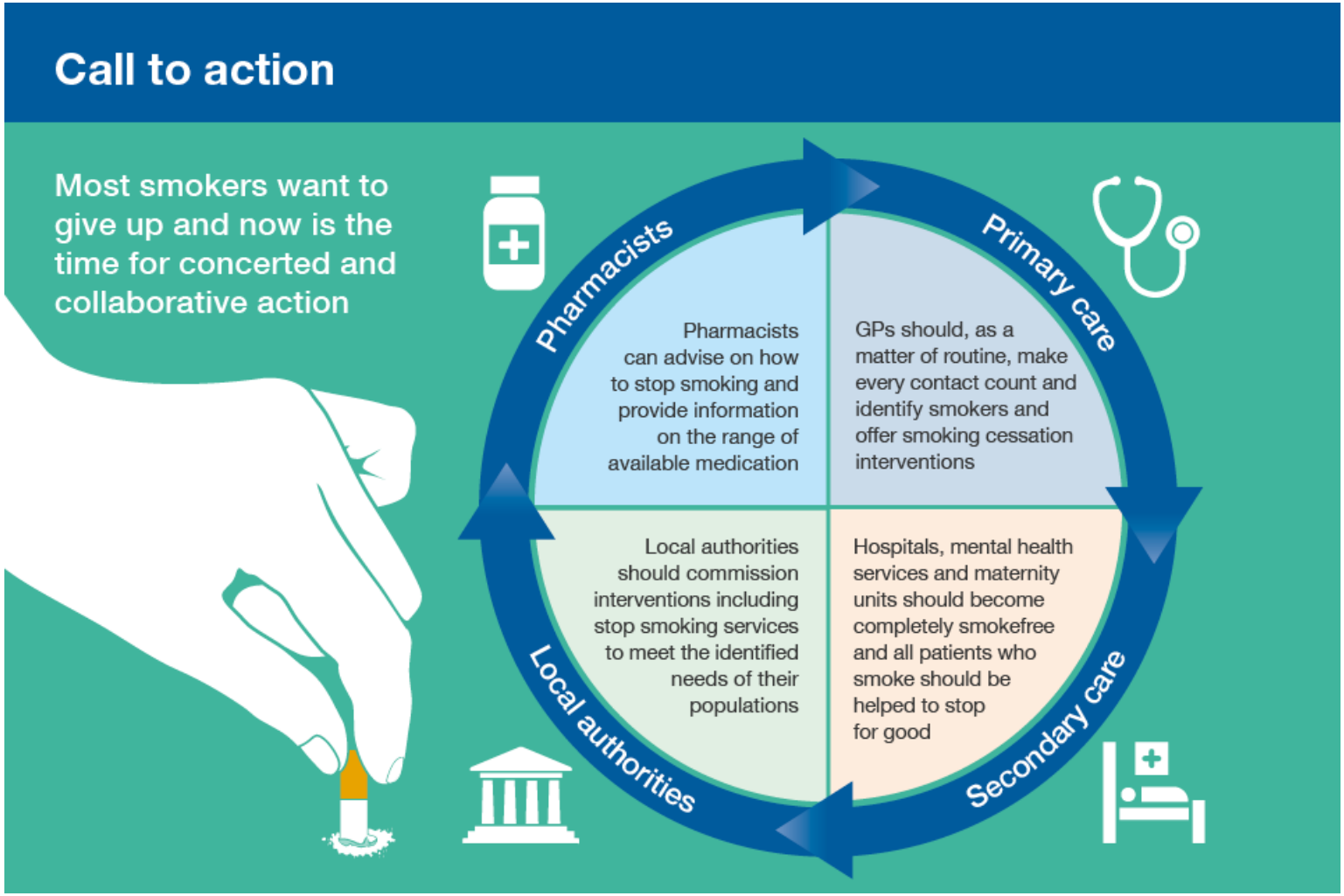
Local system-wide action



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Local Partners

The TC Plan charges local systems to:

- Identify and target interventions to the needs of priority populations
- Identify system-wide leadership and accountability

> Comprehensive and effective local tobacco control strategies require joined up working and integrated commissioning between local government and the NHS. It is through these dedicated joint partnerships that local areas can demonstrate real strategic leadership and champion the importance of a collaborative 'whole system approach' in working towards a common goal.

What else do you need from national agencies?

How to utilise PHE tools and support?

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Next steps for local implementation…

Is Tobacco Control embedded as part of your local system-wide strategic priorities?

Have you undertaken an assessment of local tobacco control activity?

Do you have a locally agreed plan to deliver the tobacco control plan ambitions?

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Protecting and improving the nation's health

Towards a Smokefree Generation: Making it Happen Here

Birmingham
3 November 2017

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Protecting and improving the nation's health

Summary and closing remarks

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